



Title: The role of child-keyworker attachment in the residential care of Saudi children

Name: Najla Abdulrahman Aljasas

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**THE ROLE OF CHILD-KEYWORKER ATTACHMENT IN THE
RESIDENTIAL CARE OF SAUDI CHILDREN**

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**The role of child-keyworker attachment in the residential care of
Saudi children**

By

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BSc Psychology & MSc Psychology

**A thesis submitted to the University of Bedfordshire in partial fulfilment of the
requirements for the degree of Doctor of Philosophy**

October 2017

Declaration

I declare that this thesis is my own unaided work. It is being submitted for the degree of Doctor of Philosophy at the University of Bedfordshire. It has not been submitted before for any degree or examination in any other University.

Name of candidate: Najla Abdulrahman Aljasas

Signature:

A handwritten signature in black ink, consisting of a stylized 'N' followed by a cursive 'A' and 'J'.

Dated: 13.10.2017

Abstract

Background

It has been shown that the carer-child relationship is highly important for the wellbeing and development of children residing in care homes. The quality of staff attachment, or child attachment to the staff, affects the quality of life, development and behaviour of children in residential care homes. There is a need for further study regarding the effects that the characteristics of care staff in terms of attachment of staff on child outcomes in orphanages.

In Saudi Arabia orphaned children are still cared for in orphanages, although foster care does take place. For social and economic reasons there has been an increase in the number of these children, and while the material provision in terms of facilities is of a high standard, due to the economic wealth of the country, there is a lack of proper emotional care due to a lack of understanding of the importance of carers as attachment figures. Added to this problem is the fact that Saudi orphanage staff are poorly trained and managed, not well paid and overworked, which could have a detrimental effect on the children in their care.

Aims

Therefore, the present study aims to investigate the role of attachment in the carer – child relationship and current problems and challenges in the provision of routine care and support by carers in residential care in Saudi Arabia, with focus on staff-child interactions.

Methods

A mixed methods approach was adopted, involving a qualitative study to explore staff perceptions of the problems and challenges in providing care, and a quantitative study to provide data about the moderating and mediating effects of attachment on children's mental

wellbeing. The quantitative study was a longitudinal study carried out in two phases with a 12-month gap and included Study-I and Study-II.

The research investigates the mediating effect of child attachment between staff related factors and child behavioural problems, thus was hypothesised that the quality of child attachment to the care staff would mediate the effects of staff attachment style, staff burnout and staff psychological distress on child psychological distress. Furthermore, how staff related factors which include, in addition to staff attachment, burnout and staff psychological distress moderate the impact of child attachment on child psychological distress. To achieve this specialist questionnaires were used.

Results

The qualitative study (Study I) revealed problems in delivering care to children, issues of social development, how social needs are fulfilled, fostering activities, mechanisms for integrating children into the social stream and behavioural issues. Moreover, it was revealed that staff were deprived of adequate training, career opportunities and suffered poor working conditions.

Study-II found that staff attachment avoidance moderates the effect of child attachment avoidance on child distress. Moreover, the effects of staff general distress on the child behavioural problems were moderated by the staff attachment style for interaction avoidance, while the effects of staff burnout were moderated by all child attachment styles.

Study-III found that child attachment security at time 2 mediated the effects of both staff attachment and anxiety and avoidance at time 1 on child psychological distress at time 2. Also, child security at time 2 mediated the effects of staff burnout and general distress at time 1 on child distress at time 2. These findings suggest that attachment styles of staff to the children affect the psychological wellbeing of the children. Also, these results suggest that the staff's undesirable characteristics lead to greater child psychopathology through the development of an insecure staff-child bond.

Conclusion

Overall, the study has implications for the appropriate provision of care which includes attachment figures, to ensure the proper psychological development of the children and avoid behavioural problems. The study highlights the need for and importance of secure child-staff attachment and how the lack of training, psychological support for staff, and understanding of attachment and psychological needs of the children can have detrimental effects.

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Conferences and Publications

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Al Jasas, Najla & Sochos, Antigonos (2017). The role of carer attachment style and distress in children's outcomes in Saudi residential care. Oral presentation. European Conference in Psychology. Brighton, UK.

Al Jasas, Najla & Sochos, Antigonos. (2017). Staff views on routine care support provision in Saudi orphanages. Oral presentation. The 12th International Conference on Child and Adolescent Psychopathology, Roehampton University, London.

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Al Jasas, Najla & Sochos, Antigonos (2015). Staff views on routine care support provision in Saudi orphanages. Poster presentation. The 8th Saudi students conference. London, UK.

Dedication

This thesis is dedicated to the souls of my beloved parents, my father Abdurahman Aljasas and my mother Mleha Al Sadown, who passed away before I started this PhD journey, with all heartfelt memories. I dedicate it to the soul of my beloved brother Khaled, who died while I was doing my PhD. I feel a heartfelt sadness that I could not be with him at the moment he passed away. This thesis is dedicated to my beloved husband Alghmile Mashhour, and my children, Jood, Turki, Abdullmohsen and Mleha.

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List of abbreviations

BEIP	Bucharest Early Intervention Programme
BPD	Bipolar disorders and Dependent
CBT	cognitive behaviour therapy
COP	Coping Strategies Questionnaire.
DQ	Developmental Quotient
DUSI-R	Drug Use Inventory Screening
ECM	Every Child Matters
T1	Time one
T2	Time Two
ECR	Experiences in Close Relationships Questionnaire Revised
GHQ-12	General Health Questionnaire – 12
MBI	Maslach Burnout Inventory
OCPD	Obsessive Compulsive Personality Disorder
ODD	Oppositional Defiant Disorder
PPD	Borderline Personality Disorder
RAD	Reactive-Attachment-Disorder
RAP	Romanian Adoption Project
SDQ	Strength and Difficulties Questionnaire
SEC	Security Scale
STPD	Schizotypal Personality Disorder
TA	Thematic Analysis

Chapter One: Introduction

1.1 Overview

This chapter presents three main sections. The first section provides in detail the background on current knowledge of orphanages, orphans and orphanage caregivers throughout the world with a focus on Saudi Arabia. The second section presents a review of the existing literature and provides a background through searching current knowledge and contemporary themes both globally and regionally, on orphanages, orphans and orphanage caregivers. That section will review, examine, and provide a critical evaluation of, existing studies. The last section broadly presents information on the theoretical framework which informed this thesis, attachment theory.

1.2 Statement of the problem

Saudi Arabia has a growing base of institutionalised children (Alqhtani et al., 2015). The reason for this growth has been attributed to an increase in immigration and pilgrims, who for reasons of work and illegally staying in the country, give up their children (Kouj, 2014). This increase has also been blamed on an overall disruption of the social structure, an increase in homelessness and a lack of schooling (First Saudi Conference for Orphans Care, 2011). In Saudi Arabia, many orphans have darker complexions which are seen as children from particular social and economic backgrounds, and those wanting to adopt children often request children with lighter complexions (Hassani, 2003). Central to the well-being of children in residential care is the quality of their relationships with caring staff (Cahill, Holt, & Kirwan, 2016).. However, every year, some of these children endure the challenge of losing care staff to other jobs or as a result of transfers to other orphanages. The Ministry of Social Affairs needs to improve the quality of provisions for care staff and facilitate a better relationship between staff and children (Heron and Chakrabarti, 2002). This study, which uses both

qualitative and quantitative methods to investigate aspects of the child-staff relationship and eventually inform changes in Saudi child residential care.

1.3 Maternal deprivation and privation

Bowlby (1960) defines maternal deprivation as the mother-child separation which deprives the child of a warm, safe and responsive environment. Ainsworth (1973) and Bowlby (1969, cited in McLeod, 2009) suggested that attachment is “a deep and enduring emotional bond that connects one person to another across time and space”. This definition emphasises the strength of attachment with the primary figure. Ainsworth explains the term from three perspectives: (a) institutionalised children who are not attached to surrogate mothers; (b) when a child has insufficient interaction with the mother or main caregiver; (c) the child’s inability to respond to the carer’s stimulation. This is clear in cases where children have conditions that inhibit their social skills, like autism (Bowlby, 1973 cited in McLeod, 2009). This is a holistic approach to the concept; however, it demonstrates the difference in Ainsworth and Rutter’s construction of deprivation and privation.

Privation is when a child fails to develop a strong bond with the primary caregiver. This could be the result of the caregiver being irresponsible or mentally unable to provide attention to the child (Rutter, 1981). The notion of ‘absent parent’ is a good example to explain this theory. The term ‘absent father’ is prevalent in contemporary family discourses. Policy-makers are conscious of the effect of ‘absent fathers’ on children, especially boys. However, not much social debate and policy on privation caused by parents’ mental health decline has taken place.

The work on the theory of attachment was Bowlby’s significant contribution in psychology. Bowlby sought to preserve Freud’s theories on human development and intimate relationships (Waters et al., 2002) even though Bowlby’s focus was on the infant-mother relationship; the modern understanding of attachment has been extended to adult attachment styles. A lot of

work has covered how adult attachment styles affect their parenting skills. The Middle East has also had a fair share of research on examined in relation to medical conditions like trauma (Pearlman, 2003) and schizophrenia (Penizovsky et al., 2014). Attachment styles and how they have an impact on marriage (Al Tamimi and Shuib, 2009), parenting styles and other intimate relationships (Mahasneh et al, 2013), and attachment styles have also been addressed.

Winston and Chicot (2016) assert the infant's brain development is largely dependent on parental consistency on providing unconditional regard, love and care and suggest that breastfeeding alone without the psychological and neurobiological stimuli from other forms of physical contact like kissing and hugging is not enough to provide a solid, secure attachment. Colombo et al. (2018) also provide more up-to-date support of the idea that breastfeeding is not the only source of mother-infant bonding.

Recent studies suggest that secure attachment patterns may influence positive mental health outcomes (Madigan et al, 2013; Pollini et al, 2014). Additionally, orphanage research over the years demonstrates that if children are placed with emotionally warm and sensitive caregivers the outcomes of negative insecure attachment can be mitigated (Zeenah, 2012). Appropriate adoptive or foster carers can moderate to some extent problems with early attachment and their influence on children's relationships later in life.

Although the western world has moved towards foster parentage and adoption of orphans, the developing world is still caring for children in institutions (Cahill, Holt and Kirwan, 2016). The emotional challenges faced by these children is further compounded by administrative issues like lack of resources, inadequate training and social attitudes (Cahill, Holt and Kirwan, 2016). In addition, stigma and marginalisation is another factor that is known to affect have effect on orphans. Society tends to internally design labels for people or situations which are considered the norm. In that case, orphaned children tend to fit the stereotype. Children who have lost parents can confidently repeat their life story. However, children who have been abandoned on the streets.in a church or mosque may find it difficult to explain their circumstances to

others hence they have to fabricate reasons of their social status (Strode and Barret, 2001). Societal stigmas about orphans define them as stupid, unreliable and in some countries in the Middle East orphans, especially those who come from dysfunctional families or illegitimate unions (Cluver and Gardner, 2007). Marginalization is prevalent among orphans, particularly in the developing countries however, not much information is available on the impact on the children's mental health. This research explores how the care of orphans is mired by negative attitudes which sometimes pilfer through to the carers. Some studies have clearly demonstrated the extent of stigma and marginalisation in some institutions that care for children. A study in Africa among AIDS orphans concluded that the high levels of stigma associated with the disease impacted on the children's emotional wellbeing as many children had low self-perception (Cluver, Cardner & Operairo, 2008).

Psychologist Mary Ainsworth pioneered the Strange Situation Classification (SSC), an assessment strategy to investigate children's attachment styles (Nakash-Eisikovits et al., 2002). Institutionalised orphans depend on care staff for their emotional needs and psychological development. The carers are the significant others (Erikson, 1968), hence they are attachment figures. The SSC experiment resulted in the identification of the four main child attachment styles based on some of the child's interaction behaviours: 1 "Proximity and Contact-seeking"; 2 "Contact-maintaining"; 3 "Avoidance of proximity and contact"; 4 "Resistance to contact and confirming" (Ainsworth and Bell, 1970, p.55). These were further developed into main attachment styles – Type A (insecure / avoidant), Type B (secure), Type C (insecure / ambivalent / resistant and Type D (disorganised / disoriented), which was later developed by Main and Solomon in 1978. Scholars argue that clinical practice in maternally deprived children is irrelevant (Bifulco et al., 2002). Because maternal deprivation or privation is a socio-emotional development, this reflects Bowlby's emphasis on the socio-emotional aspects of childcare relationships as being more of a physiological than pathological practice.

1.4 Rationale for this thesis

The Bucharest Early Intervention Programme (BEIP) can be viewed as the backbone of research into orphanage care and this thesis too uses this significant project as part of its central argument. The BEIP was a randomised controlled trial to determine where foster or community care was a better alternative to institutionalised care of orphans

and abandoned children carried out between 2002 and 2005 (Zeenah, 2012). The children involved in the Bucharest project were between 6 months and 31 months old, and although this research includes children who are older, understanding the aims of the BEIP is nonetheless valuable to this study. Like children in the BEIP, some children in Saudi orphanages were abandoned by parents or carers at an early age. For comparison, 72 children with no history of institutionalisation were recruited for the study and the results showed a marked difference with those with no experience of institutionalisation (Zeenah et al, 2013). It is imperative to understand the effects of deinstitutionalisation. Although orphanages in Saudi Arabia offer adequate material provisions for orphans unlike the abandoned, institutionalised children of Romania's orphanages, some aspects of the care offered need to be improved. A deeper understanding of the BEIP can be used to inform intervention programmes for orphanages in Saudi Arabia and other countries which still operate orphanages. Interestingly, children who were moved to alternative care like foster families performed better in cognitive, social and emotional development (Zeenah, 2012). BEIP is particularly valuable to researchers investigating the effects of deinstitutionalisation of children. Children from these orphanages came from dysfunctional families, or parents who had died. Some children were abandoned either at the orphanages or on the street by parents who could not afford to look after them because of poverty or domestic violence within the family, others were rejected because of disability. It should be emphasised that the study brought to light gross cases of human rights abuses of institutionalised children in Romania during the communist rule of Ceausescu.

Many countries around the world, especially the developing world, continue to care for orphaned children in institutions, despite criticism by scholars and social scientists (Cahill et al., 2016, Farooqi and Intezar, 2009). Saudi Arabia is a fast-developing country with first-class infrastructure in cities like Riyadh, the capital city. However, orphanage care is still being practised. This research, therefore, aims to give an insight into orphanage care in Saudi Arabia.

The review of relevant literature has been motivated by the researcher's lack of scientific knowledge related to the care of orphans, and the escalating behavioural problems witnessed in Saudi Arabia's children's institutions (Almoshaigeh, 2017, Alshaalan and Al-zeiby, 2015). Significantly, the history of orphanages and the care of orphans around the world will form the backbone of the researchers' conception. It is imperative to gather universal knowledge in this subject in order to synthesise available research studies. This informs the researcher of the depth of previous and current research into institutionalisation of children. Significantly, the researcher is able to identify gaps in knowledge and hence contribute to ongoing research. The researcher hopes that the thorough review of literature will lead to new lines of enquiry that will be an invaluable addition to the analysis of collected data in Study-I and Study-II of the thesis.

The scope of related literature covers all the continents, the Middle East and subsequently, Saudi Arabia. Only published works are reviewed as this reflects authoritative findings and recommendations. Of particular interest to the researcher are the findings of attachment styles and to a lesser extent parenting styles, and available attachment measures validated in Arabic and successfully used in Arabic populations. The researcher strongly believes that authoritative, in-depth studies on orphanages anywhere in the world should draw on the Bucharest Early Intervention Programme (BEIP), and the works of reliable scholarly works of John Bowlby, Mary Ainsworth and Michael Rutter. This review does not explore parenting styles in depth. It comments on the available sources and concludes by summarising general

findings on this topic and outlining a brief commentary on the criticism of findings and a justification of the research proposals for both studies of the thesis. The researcher takes a critical approach to the available literature by summarising and evaluating methodologies used in different studies and the discussion of the results. Also addressed are divergent views, errors, omissions, relevance of methodology and focus, and the depth and rigour of the studies.

This study gives an overview of research on orphanages around the world. It also highlights care provisions in Saudi Arabian orphanages. Case studies are used to further demonstrate the impact of orphanages in child development. A brief history of orphanage care and interventions in the early 20th century demonstrate the beginning of reforms in the institutionalisation of children, especially in orphanages. Any research into orphanage studies cannot be complete without a full understanding of the Bucharest Early Intervention Programme (BEIP).

This study investigates current practices used in orphanages in Saudi Arabia to address the emotional needs of orphan children in their care. This research specifically examines attitudes of Saudi staff towards children in care and their perceptions of orphanages. The researcher sought to know in what ways staff act or fail to act as attachment figures for the orphans. It is important to note that the views of staff in these orphanages provide an insight into the current practices in these institutions. Perceptions may indeed shape reality, as the staff offer their views on the environment within which they are working; the unique characteristics of this environment shape the perceptions of the inhabitants (Duncan et al., 2009). The members of staff are close to the children and they can reflect on quality of care, effects and influences not visible to an outsider, who is more likely to see a snapshot view taken at any given time. There is, therefore, much to be gained from interviewing those in positions where they have an overview of the reality of life in a Saudi orphanage. Although their views may be more subjective, they are nevertheless valid. Additionally, the views of a number of different

participants serve to support this validation, and this is further strengthened by both qualitative and quantitative data.

It was imperative to get staff views because they are the 'significant others' (Erikson, 1968) for the children. They deal with the day-to-day practices and the children's social and emotional development. The care staff act 'in loco parentis' (Berman & Weems in Levesque, 2012) for these children, most of whom would never have seen their own biological parents. This means that the children in orphanages have attachment problems and hence caring staff need to act as surrogate parents and fulfil the attachment role of the children's biological parents.

They play a parental role to the children, hence they are significant in offering primary socialisation to the children. They socialise them into the values of the institutions and shape their attitudes and beliefs about their identity, respect and the world at large. Even though the children sometimes temporarily stay with foster parents, the orphanage carers impact the influence that the foster carers have on the children. This is usually dictated by the expectations of the orphanage. Views collected were understood through the staff's perceptions. Their views may not correspond to reality but they certainly highlight their role in providing care and shaping the children's future in a way that reflects Saudi society's expectations.

1.5 Cultural Context

"It is common practice for orphans to be deprived of warmth and love as is offered to other children, even though the government shows considerable care to them" (Al Jobair et al., 2013, p.532). Children living in orphanages usually lack positive role models to help them develop fully as individuals. Children born out of wedlock are especially deprived of a social and fulfilling life. Orphans, especially girls, are naturally excluded from different facets of life, for example higher education, in Saudi Arabia (Al Jobair et al., 2013; Wagemakers, 2012;

UNICEF, 2004; UNICEF, 2010). Culture dictates that a female applying for entry to higher education or attaining a scholarship needs to have a male relative or husband to accompany them as guardians to protect and “ensure their physical and moral safety” (Ministry of Social Affairs, 2014). This is called mahram (male guardian), though it is being reviewed. Saudi Arabia used to allow nationals to adopt from other countries but has since put a ban on this. Children born out of wedlock are commonly called ‘bastards’ or terms like ‘auld-haram’, which is very offensive. When they turn 18 they are expected to marry another orphan. Men can join the army or if they are lucky they can marry a non-orphan girl, but for girls the future can be very bleak.

Saudi Arabia is governed by a monarch and the government is comprised of three sectors, namely the Judiciary, the Executive and Legislature (US Department of State, 2010). However, religion permeates all the branches and most members of the executive are from the royal family and they hold office for a term of four years. Achoui (2003) and Long (2005) note that the country’s legal system is based on Shari’ah law (for both sacred and secular cases); hence relationships and the quality of life are influenced by Islamic religious values. The King makes final decisions on appeal and pardon cases (Achoui, 2003). The laws are derived from verses of the Koran and the Prophet Muhammad’s (SAW) teachings. Like the western model of justice, Shari’ah dictates that suspects are innocent until proven guilty in a court of law. Applying corporal punishment to children in Middle East countries may be viewed as child abuse or a violation of children’s rights. However, this punishment is in line with Shari’ah law, hence socially acceptable.

According to the Ministry of Economy and Planning (2010) Saudi Arabia has just fewer than 28 million people with two significant sacred Islamic locations; Medina and Makkah. Almost everyone follows Islamic teachings and other religions are suppressed (Al-Rasheed and Dhuhayan, 2002). Because of its financial progress, Saudi Arabia is one of the most influential countries in the Arabian Gulf region and is one of the richest countries in the world

(Ministry of Economy and Planning, 2010). However, there seem to be no charities or independent organisations dedicated to the cause of orphans; for example, in Britain there are organisations like Child Line and Who Cares? which champion the cause of children. This is a reflection of the country's political priorities and model of safeguarding vulnerable children. On the other hand, Saudi Arabia is a conservative society (Al-Rasheed and Dhuhayan, 2002) which values the role of the extended family and religious teachers (imams). Ironically, the importance of the extended family seems not applicable to children looked after in institutions. Although care staff are expected to act as surrogate parents, professional expectations and shift rotation do not lend themselves to replication of a traditional family as expected by Saudi society. Additionally, orphans would not have any links with their care staff extended family.

The wider community is largely based on extended family ties, however, like in other non-western countries, this is rapidly changing with income from oil, enabling many families to migrate to other countries in search of better prospects in education, employment and social life (Yamani, 2000). Saudi Arabia currently has thousands of students studying in Western countries and this is one example of changes in the country which threaten to impact on the extended family institution (Yamani, 2000). Attachment with the wider family is valued as a way of keeping communities together and bringing up children (Yamani, 2000). However, due to globalisation and economic prosperity, the country has witnessed en masse rural to urban migration with families pursuing further education and career opportunities (Almalki et al., 2011). This has hugely influenced traditional family systems and compromised some family values and religious teachings (Al-Khateeb, 2008). Care in orphanages can therefore be understood within this context. Some care staff have been educated abroad and may have cross-cultural ideas of providing care for children. However, experience shows that influence from Western-educated scholars and employees has not had a massive impact on the care of orphans.

1.6 Quality of care in child residential care

This section reviews the main studies in the field of attachment and residential care, and issues and challenges in residential care are discussed. It also focuses on the role of staff in care, including studies on staff burnout. The concept of burnout is identified and described, and its importance in child residential care illustrated.

1.7 Issues and challenges in residential care

Children that have been institutionalised from an early age do show a distinctive pattern of social behaviour (Kay and Green, 2013). Zaccagnino et al. (2015) suggest that engaging children in relationships and activities is often more difficult in institutions than in family settings, and there are a number of reasons for this which include insufficient number of staff and strict schedules which do not allow the opportunity for children to receive individual attention. As a response to this problem, Zaccagnino et al. (2015) recommend that there is a need to promote individual treatment of children informed by a deeper understanding of attachment styles. Specifically, Zaccagnino et al. (2015) suggests there is a need for a longitudinal study to reveal the effects that residential care has on how children adjust and cope with trauma.

According to (UNICEF 2004), “the best interests of the individual child must be the guiding principle...” in any decision-making process of placement of orphaned children. This is according to the broad recommendation in the Quran regarding orphans, since making orphans well and safe and whole is very essential to the Islamic culture and religion. Orphans are a vulnerable group simply because they are deprived of their primary caregivers (Leeboard, 2010). Children in institutions face many difficulties, such as poverty, poor physical health and insufficient social skills. They are at risk of developing mental health issues. Institutionalised children tend to be insecurely attached; they seem to lack sympathy, seek behaviour in a negative way, show poor self-confidence, show discriminated affection towards

adults, and are most likely to be aggressive compared to other children who do not live in institutions (Rahman et al., 2012; Bowlby, 1982; UNICEF, 2004).

Attachment is a common problem in institutions. Lionetti et al. (2015) report a high prevalence of insecure and disorganised attachment in institutionalised children, while Lafosse and Blanc (2016) show a link between problems in teenagers' attachment style and social and behavioural skills in institutions.

Research findings show that children in institutions have more behavioural problems and tend to have higher levels of anxiety and depression, and there is the argument that anxiety causes aggression. The separation of a child from its natural parents and the lack of attachment, especially to the mother, may cause children to rebel towards their adopted parents as they may feel anger towards them and may feel that their adoptive parents are to blame for the loss of their parents (van Ilzedoorn, 2007). Some children never fully accept their adopted parents, as they feel that their new parents may never be a full replacement for their own biological parents (Oates et al., 2005). This raises the paradox of the advantages of adoption. However, if children have lost their parents, adoption is a necessary intervention so the child can benefit from growing up in a family environment. Children get another chance of living in a home environment; however, some children do not appreciate the chance of a new home (UNICEF, 2004). Unfortunately, for many orphans in some countries like Saudi Arabia, where orphanages exist, the children have limited choice in their care. A few may get adopted depending on a few factors like age, gender and skin complexion. It is common for adoptive parents to request a specific gender and a child with fair complexion (UNICEF, 2004), as this is considered a characteristic of beauty. Consequently, for many children, orphanages are the only option.

Seti (2008) argues that the extent of damage on children depends on the reasons why children were taken into care, for example, abuse at home or parents' violent deaths. Lloyd and Chenowith et al. (2008) assert that some negative effects of deviance from a child's early life

cannot be reversed by living in an institution. Katsurada et al. (2017) make connections between history of abuse, attachment patterns and behavioural issues in institutions, specifically confirming the link between abuse and attachment patterns and between attachment patterns and behavioural problems. It can be argued that bringing up children, even at their own homes with their biological parents, can be as challenging as institutional upbringing. Also, research has shown not all children brought up in institutions conform to the societal expectations of these children (Emolina, 2011).

1.8 The role of staff in care

UNICEF (2004) defines any child who has lost one or both parents as an orphan. For the purposes of this document, an orphan is a minor who does not have parental care because of death, disappearance or being abandoned by either their mother or father. In addition, in the Saudi Arabian context, some children are taken into orphanages because of other social reasons like being born out of wedlock, or in situations where the parent feels they cannot take responsibility for the child, for instance because of financial difficulties. These are social orphans, who seem to get worse treatment compared to children who lost their parents through death from illness, accidents or natural causes.

Orphanages have been abolished in many European and other western countries and children are cared for in the community where they have opportunities to interact with community members without fear of being judged (Pinchover et al., 2015). Although many argue that orphanages provide a home environment for the orphaned children, McCall et al. (2010) disagree, on the basis that shift rotation of carers does not allow the promotion of intimacy and interactive relationships with adults. Also, there are professional boundaries inhibiting care staff to fully act as surrogate parents to institutionalised children. Similarly, Alshaalan and Alzerby (2015) conclude that operation of shift patterns for care workers leads to “a lack of a unified system of instruction...” as carers change in terms of personalities, perception and

commitment to providing good quality care. They argue that this can confuse children and open the care institution to manipulation by children.

Orphans are a vulnerable group simply because they are deprived of their primary caregivers (Leeboard, 2010; Bowlby, 1969). This therefore means that care staff play the role of surrogate parents. Proper training programmes do focus on how care staff can act as effective caregivers to institutionalised children. Care staff offer warmth and empathy to the children (Bowlby, 1969) and this enables the children to develop some sense of positive self-perception, which is essential for social and psychological development (Ainsworth, 1979; Bowlby, 1969). Sensitive affection is essential for providing a sense of security and belonging and, according to Ainsworth (1979), if this is done at an early age, it helps the child to form positive relationships with others.

A study by Sparling et al. (2005) in Romania carried out an educational intervention which focused on introducing stable adult-child relationships, inspired by the work done in American child centres aimed at reducing intellectual decline in children identified as being at risk. A total of 104 children aged 6-25 months were involved in this study. To improve education stimulation, staff were trained and a clear caregiving protocol was given; there were also educational games, which was all supervised (Sparling et al., 2005). The ratio of one staff per four children was adopted for five days a week, from 6am till 1pm. It is clear that Sparling et al. (2005) concur with McCall et al. (2010) study that a stable caregiving relationship is vital for the child's socio-emotional development, as suggested by Bowlby (1951) in McCall et al. (2010) study. The stable caregivers in these studies play the role of a biological parent, whom a child can easily relate to and learn to trust. Training caregivers for only one week may be seen as too short a time to enable volunteers to give enriched care to the children. However, it can be argued that biological parents do not need training and most provide effective care to their children. In this intervention, the children are treated as individuals and treated with utmost respect, unlike in Saudi orphanages where the group interests tend to override

individual needs and choices. By definition, Saudi Arabia is not an individualist society and this may explain why individualism in institutions is not prioritised.

Children in institutions face many difficulties such as poverty, poor physical health and insufficient social skills. They are at the risk of developing mental health issues (Al Jobair et al., 2013). Because institutionalised children are insecurely attached, they seem to lack sympathy, seek behaviour in a negative way, show poor self-confidence, show discriminate affection towards adults and are most likely to be aggressive compared to other children who do not live in institutions (Hawkins-Rodgers, 2007). Awareness of these challenges is essential so management can devise programmes that cater for the children's unmet needs. In Saudi orphanages, care staff ensure the healthy maintenance of children's mental wellbeing by providing stimulating activities and offering relaxation time. Children are encouraged to discuss their worries with their main carers.

Saudi Arabia is a predominantly Muslim country and Islam expects girls to be married at a relatively young age, compared to non-religious countries. As looked after children have a stigma that they carry from their parents, it has been known to be difficult for institutionalised girls to get married, especially at the early age where their society expects them to, so this can put a strain on how they perceive themselves as full females of their society. Some Arabic scholars, like Rahman et al. (2012), have argued that girls should not be institutionalised but this notion has not been taken seriously by the government and policy-makers, and some scholars have argued that institutionalising boys only would be unfair. Female staff in female-only orphanages have an essential role to play in arranging girls' marriages. Female care staff are obliged to arrange marriages for girls in their care (York, Al-Karam & Haque, 2015).

Care staff in children's care settings around the world are expected to impart social skills and discipline the children whenever there is a need. To ensure that they develop into responsible adults, children are exposed to some activities which take place outside the orphanage, for instance, swimming trips, shopping, camping, and taking them to other recreational activities.

In Saudi Arabia, orphans get monthly allowances which they can use as they please. However, staff are expected to teach the children how to spend their money wisely and make budgets, even though this does not always happen.

Above all, staff instil cultural values and a sense of identity in the children (York, Al-Karam & Haque, 2015). It is essential in Saudi Arabia, and indeed in other countries which share similar cultural and religious beliefs, to ensure that children are brought up the same way as other children who are not orphans.

Johnston's (2015) study suggests that orphans have many positive experiences in orphanages and this inevitably reflects on the quality of care offered to the children by care staff. For example, studies by Kendrick (2013) and Southwell & Fraser (2010) say that the provision of family-like environments enables the meeting of children's emotional needs. Some interventions, like the CARE approach in Malawi, Africa, have been successful in improving the children's developmental levels. Care staff are trained in implementing this model, which focuses on the child's developmental milestones (Johnston, 2015).

1.8.1 Bucharest orphans: Ceausescu era

In contrast to the advancements and orphanage provisions to support orphans' wellbeing, institutions in the 20th century witnessed brutality and disregard for orphans because of Bucharest's failed family policies. The outlawing of contraception and abortion by the government in 1966 resulted in the expansion of orphanages and the condoning of the abandonment of children (Nelson et al., 2009), in addition to widespread poverty which has been the main reason (Zeanah et al., 2003). The randomised control experiment found that due to deprivation of care and attention, the children had deficiencies in multiple areas like intellectual development, physical growth and language, and emotional and behavioural development. Children had been damaged both physiologically and psychologically. The regimental institutionalisation characterised by minimally trained staff, lacking knowledge and

experience in one-to-one interaction skills made difficult by the intermittent work patterns “... and no adult-child relationships that were reliably responsive to a child’s individual needs” (Centre on Developing Child at Harvard University, 2012, cited in Espinoza, 2014).

Despite the state-inflicted damage to the Romanian children, the Bucharest Early Intervention Project (BEIP) demonstrated that placement of the children in a warm, caring environment improves children’s emotional wellbeing, particularly if placed at an early age (Espinoza, 2014). Rutter (1999) argues that, although the project was commended as a success in many psychological and social circles, critics questioned the prolonged placement of orphans in institutions for the purposes of that research. They argue that this caused further damage to the children. In retrospect, they suggest that children should have been placed in foster care before the experiment began (Nelson et al., 2013). The study influenced positive policy change in Romania, such as the prohibition of institutionalisation of children before the age of two years, to the expansion of government-sponsored foster care programmes.

1.8.2 The Bucharest Early Intervention Programme

The 14-year study by Nelson et al. (2014) into Bucharest orphanages uncovered severe neglect of children’s needs. Children were basically left to fend for themselves with minimal staff interventions. A total of 136 children with an average age of 22 months were sampled. All of the children had been placed in the institutions from birth. Half of the children were placed with foster carers and supported financially, while the other 50% remained in the same institution. The research adopted a longitudinal approach. Assessments were carried out on a regular basis over the months and years, and a control group of children never institutionalised was also evaluated. Unlike their co-participants in the orphanages, foster children showed significant improvement in relationship-forming, cognitive functioning, language and motor skills (Nelson et al., 2014). However, the development lagged behind those of the control sample, and it also varied with different children, proving that the individual

personality does contribute to the range of changes in one's development. Children also exhibited disorganised attachment tendencies like seeking the carers for comfort, but at times showing avoidant behaviours towards the same carer.

A follow-up of remaining orphans adopted by UK families showed signs of autistic tendencies; however, those adopted within the first six months of their lives did not exhibit the same characteristics. This result gives weight to Nelson et al.'s (2014) study that suggested that early adoption is more beneficial for the child (Rutter et al., 1999). Apart from autistic tendencies like delayed speech patterns, struggling to form selective friendships, showing empathy, eye-to-eye contact and reading emotions from facial expressions, the children showed smaller than normal head circumferences and some scholars attribute these deficiencies to privation (Rutter, 1999).

A study by the BIEP core group investigated levels of attachment in institutionalised children of one to 2.5 years. As predicted, the children showed disorganised attachment styles (Ainsworth, 1978). The wide range of orphanage studies started in the 1940s. Analysis and results added to the identification of the clinical syndrome, reactive attachment disorder (RAD) (Tizard & Rees, 1975; Tizard & Hodges, 1978). This is an interesting finding which suggests that attachment patterns of institutionalised children do not compare with attachment styles of children who have never been institutionalised. Similar results were noted with the disorganised children. Many research studies that examine and analyse Bucharest orphanage care validate the strange situation (Zeanah, 2002; Zeanah et al., 2005). Signs of RAD were found among Bucharest orphans.

All these studies highlight the detrimental effect that maternal deprivation has on the development of orphaned children (Bowlby, 1960). They also demonstrate that interventions improve children's life chances. Resilience is another phenomenon studied by Bucharest researchers, where the survival and ultimate success of some of the Romanian orphans illustrate resilience. Why do some individuals remain resilient even under the worst conditions,

while others succumb to relatively smaller life challenges? Schonher-Reichl (2008) attributes resilience to invulnerability and sheer luck. She explains that some studies have explained the extent of immunity enjoyed by some children. Resilience is associated with both internal and external attributes, like positive self-perception and life outlook in general and environmental factors like relationships with community members (Donnon, Charles and Hammond, 2003). (Ungar, 2006, p.5) provides a comprehensive definition as follows: "Resilience is both an individual's capacity to navigate to health resources and a condition of the individual family, community and culture to provide these resources". This definition clearly explains that resilience cannot be understood in isolation. In the case of orphans, surrogate parents add a strong supportive and nurturing institutional environment to help strengthen a child's resolve to overcome challenges. Two authoritative studies have greatly contributed to society's understanding of the extent of resilience of Bucharest orphans (Kurytnik, 2008).

The Romanian Adoption Project (RAP) in Canada and the English and Romanian Adoptees Study in the UK (Kurytnik, 2008) studied orphans aged 4.5, 10.5 and 16.5 years, while ERA's longitudinal assessments occurred at the ages of four, six, 11 and 15 (Kurytnik, 2008). Kurytnik (2008) asserts that the adoption caused wider family issues like parental stress and marriage breakdowns. Parents' expectations, community support and access to services are attributed to the resilience shown by the other children and parents who did not experience negative outcomes of the adoption process. This result echoes Ungar's (2006) assertion that resilience is both an external and internal phenomenon.

Of all the success stories of Romanian orphans, Liam's (one of the adopted children) of British Columbia stands out. He lived in the suburban community. Requests from the community to describe him revoked responses that portrayed him as a self-confident, all-rounder achiever with an excellent flair for art and music. He is seen as an active member of his community and his school, who managed to form and maintain successful and fulfilling relationships. This

description of an ex-institutionalised child adds weight to assertions that children can still succeed after life in an institution.

1.9 Developing Countries

A three-year study into the lives of orphans in five developing countries in sub-Saharan Africa and Asia found that growing up in an institution didn't necessarily impair children's development. UNICEF (2014, cited in Luscombe, 2014) states that there were over 132 million orphans in the Caribbean, sub-Saharan Africa, Asia and Latin America in 2005. Current figures place world figures at 150 million. This clearly demonstrates the scale of institutionalised young people. The current figure of orphans in the five regions is around 130 million (UNICEF, 2015) which translates to around a two million decrease in nearly 10 years. These numbers include children who have lost either one or both parents. Whetter (2009, cited in Luscombe, 2014) argues that institutionalised children have been a subject of stigmatisation for centuries, from the times of Charles Dickens and *Oliver Twist* and the despicable conditions of Bucharest orphanages during the dominant rule in the Ceausescu era (Nelson et al., 2009).

Espinoza (2014) argues that location of the institution within the country and quality of formal education provided, and the general environment and political system, all influence the child's development. For example, an institution that is based in a capital city is likely to have better outcomes than one in a rural area where interest in financial investments and resources are scarce. Also, big cities have a pull factor, they tend to attract employees with higher qualifications and skills that are sought after by employers. All these variables cannot be ignored as they all contribute to the child's development and wellbeing (McLeod, 2009, Whetten, 2009 cited in Luscombe, 2014). A study by Chetwin (2010) investigated effects of attachment deprivation for South African children during apartheid. Muadi et al. (2014) in a study in Kinshasa found that problematic attachments were prevalent among children living in institutions. Drawing from Strange Situation (Ainsworth, 1971) and the manifestation of disorganised attachment, the study found that most of the children who lost contact with their

parents through death, torture or unexplained disappearances had either been excluded from school because of behavioural problems or found it difficult to create and maintain violence-free relationships. Nonetheless, it has been claimed by Wan et al., (2017) that understanding attachment in many parts of the world has been insufficient.

1.10 The Middle East

A study carried out in the Middle East by Abdullah and Abdelaziz (2015) asserts that a child deprived of a normal family life is inadvertently exposed to psychological and social damage. The language used by authors is stereotypical and reflects the dominant attitudes towards orphans, especially in the Middle East region (Wagemakers et. al, 2012). The following quote from the article sums up the feelings and attitudes of the authors about orphans: “Since the bastard human being expects us to deal with it as we deal with any other human being and that he did not come out of thin air is summary confluence of man.....” (Abdullah & Abdelaziz, 2015). The study sought to find differences in social and psychological problems between children of unknown parentage living in institutions in Egypt. Authors quoted in the study like Balabaki (2003) employ similar stereotypical linguistic features. The study found that female orphans living in institutions presented more psychological disorders and behavioural problems. The results do not seem valid as the instruments of research are not clearly spelt out. A wide scope of the paper is quotations from other authors asserting that maternal deprivation and deprivation of normal family life leads to behavioural difficulties in children.

1.11 Orphanages in Saudi Arabia

Saudi Arabia is a fast-developing nation, with world class infrastructure, especially in the capital city, Riyadh. However, the availability of orphanages is a phenomenon that is associated with developing countries. Orphanages were established in Saudi Arabia in 1934 and there are 16 orphanages (9 for boys and 7 for girls) in total, all run by the Ministry of social Affairs. The Ministry is responsible for recruiting staff, placing children and funding these institutions. It has the final decision on the placement of children with temporary and

permanent foster carers. Riyadh is the capital city and Jeddah is the second largest city; these two cities have the highest proportion of orphanages because they are the most developed in terms of infrastructure and resources (Ministry of Economy & Planning, 2005). Jeddah is also close to Mecca, where Muslims go for Hajj every year to pay allegiance to Allah and strengthen their religion. During this time female pilgrims, who have engaged in premarital sex, may give birth and abandon their babies, who are then taken to Jeddah orphanages (Ministry of Economy and Planning, 2005).

Saudi Arabia classifies orphans in terms of residence and there are three main categories of orphanages - Social Education for Girls is an orphanage for girls over 15 years of age, most of the girls are already married as they have reached puberty and they come to the institution as a half-way house since they do not have parents who help with postnatal duties (First Saudi Conference for Orphans Care, 2011). Some of the girls have come from troubled marriages and they take shelter in the institutions for respite, some bring children with them and these children are cared for as orphans (First Saudi Conference for Orphans Care, 2011). Social Nursing Homes provide care to children from birth to 12 years of age; they are mixed gender. Social Education for Boys is a gender separated institution for boys only, who have reached puberty (Ashaalan and Alzerby, (2015). This separation reflects Saudi attitude to puberty; a literal and symbolic transition from childhood to adulthood. However, there has been an increasing move towards orphanages that have both genders and different ages living in the same villas, this has been seen in the suburbs of Riyadh, such as Al-rabwa, and has been seen as a move away from the traditional gender segregation (Alqhtani, 2015).

Saudi Arabian care staff do not receive any structured continuous professional development as provided in the business or education sector (Alsadhan, 2005). Their duties simply include getting children out of bed, feeding them, and ensuring they attend school; but most of all, their duty is to instil strong religious beliefs by ensuring that the children practice Islamic

religious rituals, such as praying five times a day and reading the Quran. Orphans are given a special status in Islam and they have the right to be part of society.

Saudi Arabia is a predominantly Islamic country and religion is regarded as sacred. The virtues of religious teaching according to the Holy Quran encourage children to be kind, helpful and respectful to everyone especially adults, and religious scripture, including the Quran and prophetic narrations are used in all sections of society and that includes orphanages (Kamguian, 2001). It is not uncommon for school teachers to chastise pupils using Quranic verses as reminders of religious and societal expectations and that carers, as practicing Muslims, are naturally obliged to instil strong religious values in the orphans (Kamguian, 2001). The Prophet (SAW) said *"Everyone of you is a guardian, and responsible for what is in his custody..."* (Sahih Bhukari, Volume 3, Book 41, Number 592). Although Islam teaches every adult to treat children fairly, some children are treated to the contrary, this is usually due to individual misinterpretation, treating children fairly helps to raise their self-esteem to ensure they feel valued (Kamguian, 2001). According to Fisher (2005) studies suggest that prayer boosts good health. Additionally, studies done on cardiology patients showed lowered blood pressure associated with prayer (Alqhatani, 2003 in Fisher, 2005). Islam teaches children the virtues of peace and although there has been individual misinterpretation which has led to a lot of negativity about Islam, all children are brought up with a prevailing sense of peace and kindness. Furthermore, as with all positions of power in care, individual caregivers who misinterpret the religion could use religion to manipulate children but such occurrences would be reported and dealt with promptly and efficiently in Saudi Arabia as the overall effort to drive out extremism. Indoctrination is prevalent in the school curriculum of religious nations, for instance, in some Christian countries, pupils are taught that the existence of God is unquestionable and in Iran, religion takes precedence in the classroom (Kamguin, 2001).

The staff are also expected to show respect for the status quo, regarding how orphans are viewed by society. However, common perception of orphanages in the country is contrary to the values of the theory of attachment (Bowlby, 1969). Bowlby asserted that children need to have a strong attachment with at least one adult, especially the mother, failure of which the child will suffer maternal deprivation. This concept is widely discussed in the thesis, with attachment studies, to highlight scholarly thinking on attachment and the influence it has had on government policies around the world. Saudi Arabia seems to be lacking in the use of professional and sophisticated interventions in dealing with children's wellbeing. Available literature suggests conventional methods like having children spend some time with temporary foster parents. McCall's et al. (2010) study involved children from birth to 8 years of age in Latin America. This focused on one-to-one interaction between the caregiver and the baby during different developmental stages, for example breastfeeding bathing and feeding, as the infants grew older. Emphasis was to provide a warm and sensitive relationship between caregiver and orphaned children. Intervention was about training and offering technical support to promote warmth and sensitivity. This proved very successful, for example after 4 months of exposure children's Development Quotient (QD) improved by an average of 13.5. Many orphanages around the world do not provide socio-emotional interventions to improve the children's wellbeing (Rosas & McCall, cited in 2009 in McCall et al., 2010). As a result, children in such institutions suffer developmental delay in different aspects of the child's life, for instance mental maturity, language development and physical growth. Other interventions used in Latin American institutions include sensory-perception stimulation administered by a specialist staff (McCall et al., 2010).

This is administered to children a few hours a day up to the first 12 months of their life (Brossad & Decarie, 1971; Mojdehi and Tashakkori, 1984; Kim et al., 2003; Sayegh and Dennis, 1965 cited in McCall et al., 2010). Results were mixed, although effective, additional stimulation to children proved to only have short-term benefits. Within the same study, the third intervention moved from individual children and caregivers to an institutional level. Existing staff were used

to influence positive environmental change within the institution. Medical care and nutrition were not changed but changes concentrated on the quality of care-giving by avoiding having many different care-givers, thereby improving consistency of caregiving. It can be seen that this tends to strengthen the bond between the children and the caregivers. Although effective, implementation of change at structural level can be very challenging, especially in institutions where staff have worked for many years.

Socio-emotional interventions are well structured. A strict routine is followed for different activities of a child but the emphasis is on one-to-one personalised attention to the children. A survey among staff from three institutions in Ukraine was about the staff attitudes towards the looked-after children and their perception on providing institutionalised care. Some care givers perceived themselves as substitute mothers for the orphans and there were differences in motivation to do the job and also maladministration of the institutions was noted as one factor that impinges on the care of the children (McCall et al., 2010). Saudi orphanage studies

Saudi is a relatively rich country which can afford to provide such resources, however, there needs to be a complete overhaul of the Ministry of Social Affairs and societal perceptions on providing quality care to children living in institutions. The stigma attached to the concept of being an orphan (Saudi Gazette, 2012) should be dealt with at political and cultural levels before individualised and enriched caregiving can be provided to orphans of all backgrounds. The staff-children ratio of 4:1 is possible to achieve at orphanages in Saudi Arabia provided the Ministry of Social Affairs is prepared to have an extra budget for orphanage staff salaries and structural adjustments.

The researcher is not aware of any Saudi studies that investigated orphans and attachment. Ashaalan and Alzerby (2015) is one of the few authoritative studies on orphanages in Saudi Arabia. The researcher therefore, draws from a limited source of knowledge. Ashaalan and Al-zerby (2015) studied different approaches to care for orphans at Saudi orphanages, they

investigated whether the carers adopted any of the identified methods of care namely; attention vs non-attention, kindness vs cruelty, equality vs discrimination, acceptance vs rejection and democracy vs authoritarianism. Orphanages strive to replicate a natural family environment but policies and regulations tend to limit the way institutions are operated (Ashaalan & Al-zerby, 2015). This study found that most orphanages in Saudi Arabia apply acceptance vs. rejection. Acceptance promotes self-confidence and self-perception while democracy reinforces independence, resilience and decision-making skills. It also concluded that these methods were used inconsistently by carers because of lack of sufficient training exacerbated by shift patterns. This results in the instability of children's emotional responses leading to negative behaviour characteristics like anger, anxiety, withdrawal and stubbornness (Dewar 2010).

The study used two questionnaires but specificities and validation for use with Arabic populations is not stated. The study gives a superficial context of Saudi orphanages by presenting orphanages as a true replica of conventional traditional family homes. Al-jobair et al (2013), on the other hand, highlight the level of neglect of children's needs in institutions. Contextualising care practices and illustrating the social context help readers and other scholars to interpret results from different perspectives. Similarly, Al Qahtani (2007) confirms that the orphans' physical needs are always met but she emphasises the lack of attention to children's emotional and psychological wellbeing, which leads to behavioural difficulties. This is reflected in the present. The researcher feels that studies about orphanages in Saudi Arabia need to highlight the prevalence of behavioural difficulties and the country's stereotypical view of orphans, especially for those of unknown or convicted parents. Although still conservative (Wagemakers et al., 2012), Saudi Arabia is now modernising by harnessing educational resources from around the world. More research needs to be done and recommendations deliberated to policy makers. Also of special mention should be the significance of gender segregation (*ikhtilak*) (Wagemakers et al., 2012; Al Jobair et al., 2013) as it has a bearing on the quality of care and its outcomes.

The findings by the above researchers that carers and specialists apply the democratic model of care in orphanages are viewed with scepticism. The researcher has worked in Saudi orphanages in Riyadh and collected data on staff perceptions about orphans and believes the contrary. However, a study conducted by Ashaalan and Alzerby (2015) involved wider fieldwork than this study. Wagemakers et al. (2012) question the conception of Saudi Arabia as a civil society. Do civil societies segregate its individuals on gender and religion? Scholars argue that the country is "...not a force for democratisation... and it is resiliently autocratic" (Wagemakers et al, 2012 p.8). The researcher is therefore ambivalent on the application of democratic principles of caring for orphans, as suggested by (Alshaan & Al-zerby, 2015) who attribute the use of democratic values to the breadth of experience of specialists (8-12 years). Saudi Arabia is a fast-developing country that is keen to learn modern models of care, leadership and management from the Western world. This is confirmed by the rising numbers of Saudi nationals who study abroad every year. Additionally, Saudi Arabia is keen to employ expatriate teachers and leaders from the West to modernise some systems. However strong allegiance to Islamic teachings may mean that the definition of 'democratic values' is relative to the society.

On promotion of 'democratic values' (Wagemakers et. al., 2012) find it interesting to note that the country's strategy for development in various areas of the economy included addressing gender inequalities in education and employment. However, the vision for employment is to provide decent work for all females, it does not include freedom of choice of employment. Further, even with the limited scope of vision for improving women's employment prospects, the projection for 2015 is uncertain. The five studies reviewed were presented by published scholars but the depth of analysis and objectivity varies. Wagemakers et al (2012) give the most objective description of the country and its views on various aspects of life. Similarly, Al-jobair's et al. (2013) findings and interpretation of results is convincing. It should however be noted that Wagemakers et al. (2012) are western scholars of Norwegian ethnicity and all the others are of Saudi nationality.

Studies into Saudi Arabia's orphanages are a relatively new undertaking with the most accessible study being done in the 21st century. The researcher believes that this is due to the sensitive nature of administering these institutions coupled with publicising an area of Saudi society that consists of a stigmatised social group. Saudi Arabia is a conservative society and accordingly, research into similar areas may be met with suspicion or deemed as lacking respect for the country's strict cultural values. However, one of the few orphanage studies which stands out is by Al-Jobair et al. (2013). This study examined differences in the oral health of institutionalised children and a control group of children from conventional family backgrounds. Good oral health boosts self-confidence, whereas poor oral health may lead to other problems like gum disease, cavities, anxiety and subsequently to emotional issues (Al-Jobair et al., 2013). The research shows that institutionalised children in Central Saudi Arabia present with a multitude of poor dental hygiene practices, especially those living in government orphanages (Jobair et al, 2013). Being an orphan is a challenging part of one's identity, children living in institutions present with emotional and psychological difficulties (Alshaan & Al-Zerby, 2015; Al-Jobair et al., 2013; Ungar, 2006; Kurytnik, 2008) because they miss their biological parents (Al-Jobair et al., 2013). Society, especially conservative communities, treat them as third-class citizens (UNICEF, 2014). All these attributes challenge the children's core identity and distracts them from concentrating on building a positive self-image, including taking care of oral hygiene (Al-Majed 2011; Al-Sadhan, 2006). Although the study was conducted in Riyadh and may not be representative of all orphaned children in the country, it can be argued that since Riyadh is the richest city in Saudi Arabia (Ashaalan & Al-Zerby, 2015), and provisions for medical and oral health are excellent in mainstream society (UNICEF, 2004), the results of the study may be a representation of all the orphanages in the country. Although orphanages do not seem to invest in training staff (Pinchover et al., 2015), through continued professional development, Riyadh attracts ambitious and skilled labour, therefore, outcomes for children are expected to be positive.

Similarly, as predicted, medical health conditions are worse among orphans compared to children living with their parents. Thus, approximately a third (32%) of orphans between the ages of 4 to 12 are diseased, while only 13% of those living with their parents have medical conditions (Al-Jobair et al., 2013). Of specific interest, Al-Jobair's study established that none of the participant children living with their parents had psychological problems or conditions like Autism and ADHD, epilepsy, speech hearing and visual problems and mental retardation. Although this information clarifies the breadth of health inequalities between orphans and non-orphans, the result cannot be accepted as a 100% representation of the mental health status of non-orphans, seeing as research has shown that mental health conditions can be genetically inherited from parents or the extended family (Nelson et al., 2009).

Regarding Islamic teachings related to close knit families and social harmony (Alqhtani, 2015), orphanages in Saudi Arabia still need to implement positive adjustments to the quality of care (Ashaalan & Al-Zerby, 2015; Alqhtani, 2015) medical and dental health (Al-Jobair et al., 2013), and staff training (Ashaalan & Al-Zerby, 2015). Orphanages are supposed to replicate the family environment; nevertheless, the results highlight the level of neglect of orphans in institutions and the lack of strong family values related to taking good care of children by protecting them from harm and disease.

1.12 Theoretical framework

Bowlby's (1951) theory of attachment underpinned the study. According to Miller (2005), institutionalisation has detrimental effects on the socio-cultural and psychological developments of children and argues that institutionalised children tend to exhibit aggressive and anti-social behaviours due to practices at the institutions which tend to impact on the children's development for example; "... scarcity of resources, lack of stimulating and educational activities" (Castle, et al., 1999 cited in McCall et al., 2010, p. 573) and or social deprivation (Gunnar, 2001). Some practices include lack of responsive care-giving, structural constraints, for instance rotating shifts, transferring children to other caregivers once reached

a certain age, minimal social interaction, atmosphere that is “business-like” and “assembly line”. Other practices according to the St Petersburg USA orphanages Research Team (2008) include lack of bonding between care staff and kids and lack of initiations. A study by Sparling et al. (2005) in Romania carried out an educational intervention which focused on introducing stable adult-child relationships, inspired by the work done in American child centres aimed at reducing intellectual decline in children identified as being at risk. In total, 104 children aged 6-25 months were involved in the study. In Saudi Arabia some child institutions practice partial adoption by ‘Friendly Families’ whereby some children are matched to adoption carers who take them to their homes at weekends (Kouj,Hanan.2014).

It is clear that Sparling et al. (2005) concurs with McCall et al. (2010) that a stable caregiving relationship is vital for the child’s socio-emotional development. As suggested by Bowlby (1951 cited in McCall et al., 2010), the stable caregivers in these studies play the role of a biological parent whom a child can easily relate to and learn to trust. Training caregivers for only one week may be seen as too short a time to enable volunteers to give enriched care to the children.

High rates of psychiatric disorders in children are associated with early childhood problems like loss of attachment from a parent or main caregiver. Mental health problems in young people are characterised by the difficulty to maintain healthy relationships that are mutually satisfying (Al-jobair et al., 2013). A lack of a sense of right or wrong and engaging in age appropriate interaction are all attributes of a well-socialised child. A high number of children diagnosed with attachment disorders exhibit challenging behaviours like being extremely withdrawn. On the other hand, children with disorganised attachments present with more challenging behaviours like verbal and physical aggression (Nelson et al., 2013).

Research shows that children with insecure attachment strategies are most likely to develop emotional and behavioural difficulties. The risk of aggression is even higher for children with disorganised or disoriented attachments (Lloyd & Chenowith, 2002; Kim & Stoner, 2008). They

are usually victims of maltreatment that tends to have life-time effects (Bowlby, 1982). Children who suffer violence at home learn to internalise those behaviours and tend to replicate them when they are older. Exposure of children to violence gives them the impression that violence is an acceptable form of punishment (Nelson et al., 2009). However, some children with a history of suffering domestic abuse have been known to desist from violence because they are aware of the damaging effects it causes on another human being. It is unfortunate that some institutions still practice corporal punishment as a behaviour corrective measure.

A study by Elgar et al. (2003) assessed 68 male delinquents and found that the participants were insecurely attached to their main caregivers. The respondents were from urban and rural areas. Delinquents from urban areas exhibited higher levels of aggression and showed poor interpersonal relationships and incidents of substance misuse (Elgar et al., 2003). Bowlby is the first known scholar to link attachment to deviance in children (Bowlby, 1982). He asserted that the building and maintaining of a strong bond between mother and infant is necessary for the regulation of children's emotions. Like Bowlby's study of 44 thieves, Elgar et.al's (2003) research on 68 male delinquents can be criticised for researcher effect.

Cross-sectional studies have demonstrated the link between insecure attachments and behaviour. Bowlby (1982) describes the mother-child attachment as a prerequisite for future stress, particularly for the child. Similar to the Strange Situation (Ainsworth & Bell, 1970) Bowlby suggested that a well-attached child runs to his mother first in times of distress. The significance of attachment in behavioural problems manifests itself in chronic anxiety "....unmet needs for security can lead the child to view the world as comfortless and unpredictable, and they respond either by shrinking from it or doing battle with it" (Bowlby, 1973 p.208). Bowlby is insinuating the idea that response to a difficult upbringing is not always responded to in an expected manner. He acknowledges the individual nature of human beings and the fact that human beings are unpredictable. This may be viewed by his critics as a mild retraction from his original idea about the inevitable devastating consequence of maternal

deprivation, a term which was heavily contested by Rutter (1981) with his theory of privation, which emphasises the need for a significant adult in a child's life regardless of the adult's gender.

Chapter Two: Introduction to Attachment Research

2.1 Attachment in childhood

Zeanah, et al. (2008), state that the most prominent goal for mental health professionals is supporting early parent-child or carer relationships. The work of Bowlby (1960), made a breakthrough in the understanding of the significance of maternal attachment in relation to the socio-emotional and cognitive development of a child. However, controversy still surrounds the application of this theory, especially the consideration of maternal input to group care situations (Malekpour, 2007), and whether it has significant effects considering that staff perform shift work and it is not easy for children to develop an attachment base with multiple workers. Since 1980, UK courts have placed children's emotional needs as a top priority over economic wellbeing in deciding the custody of children in cases of separation or divorce (www.gov.uk).

It can be argued that institutions are supposed to provide attachment, particularly to children in their infancy. It goes without saying that Bowlby's formulation of the attachment theory is the bedrock of family interventions. Similarly, the theory has implications for other institutions like orphanages, other children's homes, hospitals and day-care organisations. Moreover, schools and nurseries also draw on this theory to understand the behaviours of the children in their care.

Orphanages around the world have been operating for centuries, with staff acting 'in loco parentis' (Freundlich, 2006; Bermen & Weems in Levesque, 2014). This means that care staff are substitutes for the parents of these children and hence, become the significant other (Erikson, 1968). However, as early as the 1900s there were concerns over institutionalised care for children (Freundlich, 2006). Bowlby (1960) and Ainsworth (1971), state that children need maternal attachment to enable them to grow emotionally and socially, and many support

the concept of family care, despite its imperfections (Williamson & Greenberg, 2010). One of the main criticisms of orphanages is that children are not receiving the required continuity of care required to form attachments with care staff (Williamson & Greenberg, 2010). Rahman et al. (2012), argue that even though there are many factors that may contribute to the emotional development of institutionalised orphans, the physical conditions of these institutions can have a considerable negative impact that may lead to aggressive behaviour.

Furthermore, many institutions are found in low-income countries (Freundlich, 2006) where staffing levels are generally too low for each individual child to receive adequate attention that replicates loss of attachment from a biological parent. In the last 50 years, researchers have established that orphanages "... consistently fail to meet children's developmental needs for attachment, acculturation and social integration" (Bowlby, 1960: p.5).

Similarly, this view is currently held by researchers in the field (Freundlich, 2006; UNICEF, 2004). The principal criticism of institutions is that they lack flexibility in terms of providing a family atmosphere. The loss of attachment of emotional security is occasionally signified by (among other things) seeming ignorance of respect for social space, whereby children may feel comfortable touching and holding a total stranger (Freundlich, 2006). Bowlby (1960), contends that a child who has adequate attachment with the primary caregiver from an early age would not normally trust strangers, let alone touch them. The need for touch symbolises the child's inner need for closeness and comfort.

Both Bowlby (1969) and Rahman et al. (2012), concur that material deprivation can lead to psychological damage and institutions cannot always provide the care that caters for children's psychological needs. In addition, Goodwin (1994), argues that psychological damage is greatest during the first year of life but this then increases with every year spent in an institution. This is a strong assertion that suggests that orphanages provide very little positive attributes regarding the child's developmental needs. However, this assertion can be challenged by the nature vs nurture debate. Proponents of nature argue that a child can fully

develop and thrive despite growing up in unfavourable conditions (Freundlich, 2006). The world has witnessed many stories of rags to riches and success stories from children who grew up in disadvantaged communities, abusive upbringings and other unfavourable circumstances.

The main caregiver provides a secure base (Bowlby, 1982; Ainsworth, 1979) for the infant which influences the child's cognitive ability. Such children are more willing to tackle challenging tasks and engage in a variety of psychological activities. Secure working models affect the cognitive processes and metacognition (Augustine, 2011); hence, a securely attached child is most likely to reason coherently and take non-defensive and non-contradictory models. Vygotsky (1978), emphasises a strong association between child-adult interactions and cognitive development and disputes the significance of asymmetry interactions (child-adult or older peers' relationships).

Psychological perceptions of the environment and people around us may be influenced by socialisation and attachment style (Lewis & Carpendale, 2002). Similarly, Moore and Symons (2005) and Symons and Clark (2000), assert that a child's level of cognitive competence is essentially predicted by attachment; therefore, the suggestion that a securely attached child is more likely to possess a "—greater theory of mind—" (Augustine, 2011, p.13). For example, abuse in children interferes with normal brain development and influences the way how the mind makes sense of relationships (NSCDC, 2009). Additionally, several acceptable methods of punishment of children in collective cultures may be viewed by the West as abuse.

Regarding the behavioural realm, there is a vast body of empirical research which strongly correlates behaviour and attachment. Contrary to common belief, failure to attach to one's child and maltreating them is not always an indication of a parent's socialisation. A parent who enjoyed secure attachment may not be able to offer responsive and sensitive care to his/her children due to social and biological factors like deterioration in mental health or trauma caused by the loss of a loved one (Shemmings, 2011). Insecure attachment is known to be

an influence on children with behavioural difficulties, for instance Oppositional Defiant Disorder (ODD), Conduct Disorder (CD) or post-traumatic disorder (PTSD) (Simon & Goes, 2011). More work on the correlation between attachment and behavioural outcomes will be discussed elsewhere in this thesis.

2.2 Attachment styles

The psycho-socio-physiological paradigm of attachment is understood in terms of the mental representation of attachment styles. Diamond et al. (2006) suggest that avoidantly attached children present with emotional regulation mechanisms concealing negative emotions and thoughts. Research demonstrates that attachment styles largely influence an individual's functioning. However, as mentioned in this thesis, some factors can be influential as well, such as cultural background and other agents of socialisation like school and religion. (Ryff and Singer, 2001; Uchino Cacioppo & Kiecolt-Glaser, 1996).

One of the physiological outcomes of attachment is adapting the brain's receptivity to stress (Glasser, 2000; Meaney, 2001 cited in Diamond et al., 2006) and the body's ability to cope with stressful stimuli (Porges et al., 1994). Emotion regulation is a skill that an individual learns over time. Socialisation processes have a huge impact in this area of development. John and Gross (2004), defines emotional regulation in two dimensions, reprisal and suppression; the former refers to the individual's ability to handle events which are emotion eliciting, whereas the latter refers to a conscious change in behaviour in emotion eliciting situations. Research suggests that reprisal is advantageous to an individual's cognitive and affective short-term consequences. Emotion regulation is a significant aspect of personal growth and suppression and may lead to self-destructive tendencies (Lazarus, 1991 cited in John and Gross, 2004)). Emotion theorists, for example Arnold, 1960, Buck, 1985, Frijia, 1986 and Levenson, 1994 (John and Gross, 2004)), assert that the cognitive and affective consequences may influence an individual's choices through childhood and into adulthood. Caregivers influence

the 'emotional schemes' of children they care for (Cassidy, 1994). Additionally, insecurely attached children are inclined to show signs of distress, they lack flexibility and emotions may either be overregulated or underregulated (Lyons et al., 1997). Carers who are not responsive to children's emotional needs or express extreme feelings of fear, anger or anxiety, influence the same affect responses in children (Stroufe, 1983).

Collins and Feeney (2000) asserts that there is a strong association between close personal relationships and health outcomes, and of notable significance are the parent's responses to children's ill health. Research suggests that attachment styles have been known to influence parents' responsiveness to their children's health needs (Collins and Feeney, 2000), and consequently impacts on children's wellbeing and self-esteem.

A lack of secure attachment styles may expose children to mental health difficulties, physical abuse and other forms of violence and trauma, and in extreme cases abandonment or even death (Bowlby, 1998). (Bowlby, 1973, pp. 149), concludes that "the regulatory systems that maintain a steady relationship between the individual and his familiar environment could be viewed as complimentary to physiological systems that maintained survival." A study undertaken by (Diamond et al. 2008), reported significant physiological changes in individuals who were separated from their partners for a period of between 4-7 days. The results suggest that loss of attachment may lead to sleeping problems, physiological symptoms and subjective stress.

Bowlby's assertions that secure base behaviour is a result of highly organised human behaviour has been further developed into the theory of attachment styles (Ainsworth and Bell, 1970). Social scientists and psychologists divide types of attachment (child's feeling towards the main caregiver) into two classes: secure and insecure (Brotherson, 2005; Ainsworth and Bell, 1970; Nakash-Eiskovits, 2002). The insecure is further divided into 3 paradigms; Avoidant, Ambivalent and Disorganised. (Brotherson, 2005; Edelstein et al., 2004; Ali, 2004; Behrens et al., 2007). Attachment with the main caregiver is primary attachment while strong

relations with others, for example members of the extended family, is secondary attachment (Brotherson, 2005). Research indicates that between half and two thirds of children are securely attached but the distribution of attachment styles may differ according to ethnicity or social class (Ainsworth & Bell, 1970; Brotherson, 2005). Generally, children who are secure are happy and confident to learn about their environment. They feel safe because they know they can reach out to their responsive carers. They tend to form positive relationships with people and empathise with others when they are distressed. They have good social skills and usually command respect from their peers.

On the contrary, insecure children are ambivalent or fearful of their environment given that they lack a secure base. They either have no attachment with the primary attachment figure or it may be limited in the case of ambivalent/resistant attachment. They tend to lack empathy and become frustrated by other people's misfortunes or distress. This causes difficulty in forming and maintaining relationships with peers (Brotherson, 2005; McLeod, 2014). It is therefore imperative for parents and psychologists to understand the psychodynamics of attachment in order to enable strong attachment behaviours among children and positive bonding tendencies for caregivers. It is also important to understand different perspectives on the development of attachment styles, as research into the area of psychology illustrates views divergent from Bowlby's original thinking. Of specific interest is the child's personality which Bowlby appeared to disregard.

Bowlby's main argument pertaining to the development of children's attachment styles ignores the component of growing up. However, the nature/nurture debate underscores the objective consideration of child attachment.

2.2.1 Type A – Insecure/Avoidant

According to Larosse and Bernier, 2001, children who belong to this group have low self-esteem emanating from rejection by a primary caregiver. They feel worthless and unloved and

they find it difficult to trust others because they feel insecure. They develop various ways of managing their insecurities (Mikulincer & Shaver, 2003 cited in Locke, 2008). The avoidant individual tends to be self-assertive as they do not view others and relationships optimistically. Drawing from the Strange Situation Classification, a child with avoidant attachment lacks a secure base, which leads to the child's inability to display strong emotions and closeness to the mother. For example, demonstrating signs of distress when the mother leaves the room, being comfortable with a stranger and not showing excitement when they see their mother again (Ainsworth and Bell, 1970). This is another example of a situation which Rutter (1972) termed privation.

A secure base for the child is achieved when the primary care-giver devotes time and commitment to raising the child. If not possible, extensive support is required from extended family or the State (Bowlby, 1988). However, Bowlby argues that the endeavour to replace the biological mother relationship cannot replicate the bond a biological mother can have with their child. The formation of a secure base happens cybernetically by the end of the child's first 12 months. It is therefore expected that institutionalised social orphans, for example, those from adulterous relationships or those who are left in mosques and at orphanage gates, lack a secure base and will exhibit traits of insecure/avoidant attachment. Behrens et al. (2007), state that avoidant children do not feel a strong connection to the primary caregiver and do not seek emotional support from them.

In the case of orphans, even though they have allocated surrogate mothers, the development of a strong connection can be challenging because of their surrogate mothers' shift work patterns. Likewise, as employees at orphanages, carers are expected to behave in a professional manner which can put barriers in the formation of a sensitive and intimate relationship between surrogate mother and child. Similarly, Stevenson et al. (2002), concur by explaining that these behaviours are a result of emotional and physical neglect during formative years. This neglect can either be wilful or unconscious. It has been argued that

parents or carers who frequently work overtime subject their children to neglect as they are rarely available to spend quality family time.

Due to the fact that these children lack a secure base, they may turn to other human or non-human social artefacts to make themselves feel worthy. They are most likely to give in to peer pressure and to strangers to fulfil the human need of belonging (Maslow, 1960). This is especially evident in a digitalised world where children spend hours on the web chatting to peers and occasionally people they have never met in person. In his Hierarchy of Needs, Maslow emphasises the significance of basic needs being fulfilled before a human being can move up the pyramid. By being abandoned physically or emotionally, the child's safety needs are unmet. If this basic need is unmet, the child is not able to move onto the next need; Love and therefore, they are not able to receive or give love (Maslow, 1960). The foundation of their growth becomes unstable, the child without a secure base is most likely to offend and break the law (Bowlby, 1982; Ainsworth, 1971) and they are most likely to have difficulties in forming relationships and being successful in social interactions (Waters et al., 2002; McLeod, 2014; Bowlby, 1982)

2.2.2 Type B Secure Attachment

Conversely, a child with a secure attachment responds in an expected manner towards strangers and an attachment figure. For instance, they are cautious of being in the company of unknown individuals, show distress at being separated from the main caregiver and excitement at reunion with the same. They are expected to use that main attachment figure as a point from which to scrutinise their environment (McLeod, 2014; Ainsworth & Bell, 1970; McLeod, 2009).

In contrast to Freud's psychoanalysis argument that infants are clingy, dependant and attention seeking "Bowlby saw infants as competitive, competent, curious and fully engaged with their environment" (Waters et al., 2002 p. 4). The exploration of the environment by an

infant is seen by Bowlby and Ainsworth as a purposeful undertaking and described as a secure base (Ainsworth, 1970; Bowlby, 1982). The psycho-emotional concept can be compared to the foundation stage of building a house, without which the building stands vulnerable to all natural and man-made hazards. Securely attached children grow into confident and self-believing adults. Confident in their immediate surroundings with the knowledge and trust that they can always turn to their attachment bases in times of distress. Their attachment figures are available, sensitive and responsive (Bowlby, 1980).

Secure attachment with the primary caregiver is applied by the children as a template from which they draw skills to interact socially with other human beings. This means the strong bond formed with parents is mirrored later in life by the child's fluency, or lack of it, in relating to others. It forms the core of their identity and personality. Children with a secure attachment have mental representations of other individuals as being available and helpful. Research and history has demonstrated that some children can deviate from this expectation by presenting behaviour traits that are different from their main caregivers. It is acknowledged that research into this area needs to be developed. Freud's dichotomous descriptions of infants being egotistical and self-centred (Waters et al., 2002), places responsibility on the child, while Bowlby and Ainsworth's secure base phenomena focuses on the quality of a nurturing relationship by the main caregiver, especially the mother (Waters et al, 2002). In Bowlby's discourse, the child is a receiver of personality input, which influences who they become. Conversely, Freud perceives the child as the giver of negative attention. The modern, typically western view, of children being vulnerable, hence in need of safeguarding is informed by Bowlby's systems control theory. The theory may be used to explain the shift from orphanages to emphasis on adoption and fostering. The responsible adult must be willing for State apparatuses to scrutinise their integrity using tools like the Disclosure Barring Service (DBS) and other related checks on lifestyle choices.

It is essential to note that the development of routines or setting goals is important in building a safe base for a child (Bowlby, 1972; Ainsworth, 1971). Regular activities like bedtime stories, tucking in the child at bedtimes, hugs and kisses in the morning or separation times gives that child a sense of security and comfort. From 6 months to 2 years is crucial in the development of a secure base, this is when clear-cut attachment (Bowlby, 1980) occurs and the child displays many attachment behaviours. Certain scholars have argued that the first 3 years of an infant's life are the most crucial.

Bowlby's term 'monotropy, (Bowlby, 1969) refers to the biased special bond that an infant establishes with one caregiver, especially the mother. Some theorists and researchers, however, dispute this notion and Bowlby's assertion that the 'monotropic' bond differs qualitatively from the bond the child shares with, for example, the father. Additionally, current scholars argue for well-defined hierarchical relationships (Waters, et al., 2002). Schaffer and Emerson's study on 60 infants in Glasgow, Scotland, challenged Bowlby's thinking. The results demonstrate that babies make multiple attachments and that the first attachment is not always the mother, as more than 30% of the babies developed a more secure attachment with the father (Schaffer & Emerson, 1964). As the study was conducted in Glasgow, a Western city, the researcher concurs with the findings. Glasgow is a metropolitan Western city characterised by modern trends of lifestyles which by the beginning of the 1960's started to underplay patriarchal family tendencies. Accordingly, if the child is raised by a single male parent, it is expected that the child bonds with the main caregiver, provided the care is responsive and sensitive to the child's needs.

The securely attached child grows up with an internalised model related to forming positive relationships (Bowlby, 1987). They are aware of the different hierarchical relations and have respect for authority. The behaviours they exhibit mirror that of the main attachment figure who is a positive role model. Bowlby (1960) emphasises this relationship, as he suggests that

it influences the child's current and future relationships with others (Waters et al., 2002; Bowlby, 1980; Ainsworth, 1984; McLeod, 2014).

2.3 Type C Insecure Ambivalent/Resistant

In the Strange Situation Procedure (Ainsworth & Bell, 1970), the ambivalently attached child wept more and explored the environment less than the secure and the avoidant child. The infant showed familiarity with the mother but the bond was weak as the child resisted contact. Signs of distress when the mother left were intense and the child demonstrated a fear of strangers. This is a classic example of a child who suffers privation (Waters et al., 2002; Rutter, 1972). Privation is when a child fails to form attachments with others (Online Dictionary). The ambivalent child gives mixed messages to the onlooker about the level of attachment they have with the primary caregiver. Because in this relationship, the child's needs are sometimes met or ignored at other times, the child does not turn to the caregiver to provide emotional support in times of distress; hence, they occasionally push the caregiver away. Furthermore, they tend not to trust others as their inner working model of social relationships is not solid (Edelstein et al., 2004).

Privation causes the child to fail to use the main caregiver as a safe base because they are not sure of the receptiveness of the care giver. The carer's responses vary from neglect to appropriate (McLeod, 2009; Ainsworth & Bell, 1970). Insecurely attached children are most likely to fail to handle future relationships (Bowlby, 1969). Bowlby emphasises that children without a secure base are damaged for life, emotionally, physiologically and intellectually (Waters et al., 2004; Al., 2004). This notion is contested by other psychologists, who maintain that if the caregiver's behaviour towards a child changes as the child grows up, the child will emulate the positive role modelling and use this as a template for their future relationships.

The resistant attachment child has a low self-perception and tends to exaggerate emotional responses with the intention of gaining attention from others (Larosse & Bernier, 2001). In

addition, the child is associated with a high risk emotional and behavioural difficulties (McLeod, 2009; Ainsworth & Bell, 1970). Such children find it awkward to work cooperatively with others, especially in large group situations. Most of these children will have low level literacy and numeracy skills and will be excluded from mainstream education. Although the Strange Situation Protocol has been criticised for only using middle class American families, it continues to inform many attachment scales used to measure attachment levels in children and in adults as well.

2.3.1 Type D disorganised/disorientated

This category was added later after the Strange Situation Protocol (McLeod, 2014). According to Nakash-Eiskovitz et al. (2002), a major traumatic experience like death, severe illness and divorce can lead to disorientation in children. Similarly, Weinfield et al. (2008), consider the attributes of the carer who displays frightening behaviour, is unpredictable in their emotional regulation, intrusive and mistreats the child. The child grows up in an environment that is not conducive to positive self-esteem building and the development of desirable relationships. Although attachment child patterns can be reversed depending on a change of circumstances, children who have suffered physical abuse are not likely to develop secure attachment patterns (Brotherson, 2005). This contention compares with Bowlby's attestation that insecure children are damaged for life.

Disorientated children are not predictable in their emotions, and similar to the avoidant child, they display confusion and fear towards the care giver (Brotherson, 2005; Water, 2002; Weinfield et al., 2008). Approximately 80% of children in this category have suffered physical abuse (Weinfield et al, 2008). Moreover, these children are more likely to be incompetent socially compared to their peers and have lower levels of intelligence because of lack of positive stimulation and self-belief (Bowlby, 1987). They are also at risk of externalising dangerous disorderly behaviours (McLeod, 2009).

Bowlby (1987) argued that maternal deprivation damages the child for life, children who fall into this category are a result of this phenomenon. In contrast, Bowlby has been heavily criticised by scholars like Sir Michael Rutter in his influential work (Rutter 1972). He, among others, argues that infants are able to form multiple attachments in contrast to Bowlby's emphasis on the indispensability of the primary attachment figure. Other known case studies challenged Bowlby's idea. For example, Genie an American child who was isolated from her family by her father, which hampered her physiological development, made considerable progress when placed with responsive carers (McLeod, 2009). Similarly, the case study by Koluchova (1976), proved that although separated from the mother shortly after death the infants managed to form secure bases, train, gain employment, marry and have a warm fulfilling life with their partners.

It can be argued that while Bowlby's theory of Maternal Deprivation and its effects on the attachment development of children are negative, it can be reversed, and children have the ability to form secure bases even after the critical stage when they are over 3 years of age. In a disorientated attachment, the carer is the source of fear; hence, the 'scar giver'. The child loses faith in the world and its inhabitants and lacks coherence in relating to others. Wood et al. (2000), state that the failure to strive in all fears of life is recognisable immediately. By mid-childhood, the children are clearly just thinking about their relationships with friends. Their self-esteem suffers greatly because of this and it causes the child frustration aggression, fear of failure and lack of belief in self-worth, which predisposes the child to major difficulties later on in life (Greenough, 2001; Wooders et al., 2002).

Among other effects of Maternal Deprivation, Bowlby believes it can also cause "dwarfism, aggressiveness, dependency anxiety, (being clingy), intellectual retardation, social maladjustment, affectionless psychopathy, depression and delinquency". Consequently, these children have contact with special needs support services, social services, the police, and in later life, prison.

2.4 Attachment and behavioural problems in childhood

To prove that maternal deprivation was detrimental to children's development, Bowlby performed a study involving 44 thieves. These participants had never developed a strong attachment because of family disruptions and they moved carers on numerous occasions. Rutter (1972) argues that this is an example of privation because the thieves had never had a primary attachment with their parents. He argues that if they had lived with sensitive and responsive surrogate parents they would have developed into self-believing and productive individuals (McLeod, 2009). Rutter's arguments inspired Hodge and Tizard (1989), to investigate the effects of privation. Although Bowlby's ideas of maternal deprivation and monotony were supported by scholars such as Harlow (1958) and Lorenz (1935), the experiments used by Harlow on monkeys can be challenged in that the results may not particularly replicate human behaviour. Bowlby's implied suggestion that mothers should stay at home and look after children continues to be challenged by modern society. Research has shown that children thrive better with a content, stable minded mother than a frustrated stay at home mother (Luscombe, 2010; DeKlyne, 1996).

Although Bowlby's study of thieves used empirical data collection methods, it cannot go unchallenged for the number of flaws and omissions in the entire process. Failings in the study include disregarding external variables that may have contributed to the participants' behaviour. As is known, poor diet, low education levels, parents' income, social class background, peer pressure and quality of accommodation, among others can severely affect a child's development. Additionally, clinical evidence gathered was mostly based on the thieves recalling their early experiences of separation from their mothers. The investigations were designed and completed by Bowlby; therefore, it is possible there was researcher bias (McLeod, 2009). Self-preservation is a dominant human quality and refusal to take responsibility for one's actions could explain the outcomes of the study.

Over the years, there have been a number of studies demonstrating an association between insecure attachment and behavioural challenges (Elgar et al., 2003). Furthermore, authoritative studies in this body of knowledge include the Minnesota Mother-Child Project (McLeod, 2009), which recognised high levels of misconduct and relationship anomalies among children who were insecurely attached to the main caregiver as infants. Additionally, Lewis et al. (2001) in Elgar et al. (2003) studied the behaviour patterns of male toddlers. They found that boys who were insecurely attached at 12 months exhibited psychopathological attributes at the age of six. Similarly, the Denver Youth Study (Elgar et al., 2003) and Lyons-Ruth et al. (2002), found that insecure infant attachments were closely linked to crimes against property and child aggression. Additional studies have also associated insecure attachments with Oppositional Defiant Disorder (ODD) (DeKlyne, 1996), whilst those who scored high marks on the Child Behaviour Checklist displayed insecure attachment characteristics (Elgar et al., 2003).

Elgar et al. (2003), studied 68 male recruits from secure units in Newfoundland and a Youth Centre in Labrador, Canada. Approximately 35% were from urban areas and over 60% from rural areas, the rest had lived in both areas. The Adolescent Attachment Scale (AAQ) was used. This is a self-reporting instrument assessing the attachment attributes of teenagers. The Drug Use Inventory Screening (DUSI-R) instrument which is a 139 self-reporting digital instrument assessing teenagers' use of drugs was also employed. The study also used self-reporting to measure the extent of externalising and internalising behaviours and comprised 8 subscales "...withdrawn, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behaviour and delinquent behaviours" (Elgar et al., 2003 p.39).

The use of self-reporting measures is convenient to use with a large sample. However, responses reflect perceptions of participants, which may affect reliability. The primary means of collecting data in these studies is self-reporting questionnaires to represent particular

theoretical constructs (MacDonald, 2008). This causes several concerns related to validity and reliability (Razavi, 2000; MacDonald, 2008). Nevertheless, the researcher acknowledges that no single measurement is perfect in personality psychology. Scholars recommend the use of various methods to maximise validity. Personality constructs are an abstraction (Cronbach and Meehl, 1995 in MacDonald, 2008); hence, difficult to measure accurately, unlike tangible physical attributes like weight and height (Smith, 2005; MacDonald, 2008). The majority (over 90%, on average) of personality studies use self-reporting measurements (Vazire, 2006) with over 70% not using other methods within the same study (MacDonald, 2008).

Evidently, the natural choice of using self-reporting questionnaires can be conceptualised. The person being studied is most likely to give an accurate representation of their personality traits. These measures allow a collection of rich and motivational data (MacDonald, 2008), given that “no-one else has access to more information than oneself” (Paulhus & Vazire, 2007 p.59). Alternatively, the structure and the wording of questions have an effect on the accuracy of responses. Response bias can affect reliability, while acquiescent and extreme responding are prevalent tendencies. Furthermore, participants may complete the questionnaires in a rush or choose only extreme responses (Paulhus & Vazire, 2007). Kagan (2005), Kagan (2007) and DeKlyne (1996), maintain that individuals are by nature self-preserving and may consciously choose responses which present them in a favourable manner.

Staff who work in institutions that care and rehabilitate orphans and criminals work under stressful conditions. Inadequate support from colleagues and in some cases poor leadership and management may cause feelings of inadequacy among employees and if no intervention this can lead to burnout (Seti, 2008). Childcare workers and foster carers are highly accountable for services offered. Kim and Stoner (2008), purport that stress and burden in this industry is inevitable. Over performance and non-performance is equally condemned as both can lead to burnout (Turnell and Edwards (1999) cited in Medina and Bayebach, 2014).

Bowlby (1973), made a link between attachment styles and personality disorders (Levy et al, 2015). Similarly, many scholars agree with Bowlby (Levy, 2005). For instance, preoccupied attachment has been linked to Avoidant Personality Disorder (AVPD), Histrionic Personality Disorder (HPD) and Dependent Personality Disorder (DPD), while fearful attachment styles have been correlated with personality disorders like schizotypal personality disorder (STPD) and obsessive compulsive personality disorder (OCPD) among other pathological conditions (Levi, 2005; Bakermans-Kranenburg and van Ijzendoorn, 2009 cited in Levy et al., 2015). Conversely, “unresolved attachment was associated with BPD (Borderline Personality Disorder)” (Levy et al., 2015, p. 199). Although research in this area is inconclusive, results are valuable in improving guidance for future research. However, association between BPD and avoidant attachment styles is consistent (Levy, 2005), with several studies finding no correlations between the two formulations (Meyer, Pilkins and Beavers, 2004 in Levy et al., 2015). Aggressive behaviours in children like anger and irritability and self-harm seem to mediate BPD behaviour characteristics (Crithfield et al., 2008; Moss et al., 2009) and certain authors have argued that disorganised attachment in childhood may later contribute to a diagnosis of BPD (Fonagy, et al., 2002 cited in Levy et al., 2015). Additionally, a few studies link the onset of BPD to intense separation anxiety (Levy, 2015). Therefore, it is possible that some orphans who lost their parents or became separated from them may exhibit symptoms of BPD.

As mentioned elsewhere in this thesis, Bowlby’s theory of a secure base or safe haven (Bowlby, 1977; Fonagy, 1999 cited in Levy et al., 2015), enables the child to feel secure and less anxious about facing life’s challenges, and in times of stress, they can turn to a secure base with confidence that the main caregiver will respond sensitively. Levy et al. (2015), alleges that Bowlby and Ainsworth’s theory of attachment clarifies the scientific understanding of aetiology, maintenance and treatment of human pathological conditions.

Unlike Ainsworth (1978) and other sociologists who believe that responsiveness is the prime influence in achieving a secure attachment base, Bronfenbrenner (1970), believes that the mother's psychological profile and the broader social context play a more crucial part. He describes the adoption framework as the merging of two microsystems, which the child brings from its biological family and that of the new adoptive family. He asserts that the merging of the two microsystems and the mesosystem which includes "... the community, schools and neighbourhood, as well as service providers, such as adoptive agencies, early intervention... and health care providers" (Bronfenbrenner, 1970 p. 37), are all essential for the socio-psychological development of the child and influences how they interact with the environment.

Finally, clinical research suggests that some children suffer from an "attachment disorder", although this is viewed as an ambiguous concept (Petrone & Barret, 2000) and not a clinical disorder. Children who present with this disorder have a secure base distortion (Hazan & Shaver, 1990) and have trauma related experience with the main caregiver.

2.5 Adult Attachment

Attachment prototypes can be viewed as a cycle of human development from cradle to the grave (Bowlby, 1987; Gearity, 2005). The overall generalisation from decades of research into the subject of adult attachment suggests that a secure infant becomes a secure young adult, and eventually, a fully-fledged adult. However, there will always be exceptions where a child who comes from a secure home turns out to be disorganised or disorientated and can be defined by insecure prototypes or vice versa. Research shows that adults within the secure attachment prototype are most likely to suffer depression and other mental health conditions (Bifulco et al., 2002). A study by the same author determined that women were more likely to suffer clinical depression, this included women who were mildly insecure.

Insecure ambivalent attachment in children roughly corresponds to anxious preoccupied adult attachment (Nakash-Eiskovits et al., 2002). These adults are enmeshed with past and

present relationships. Bowlby (1973), attached this type of attachment to mental health conditions like anxiety and depression. A child growing up in such environments becomes frustrated by current and future situations, as they know how the parents will cope when a stressful situation arises, nor will he/she have confidence in their care giver facing difficult conditions by themselves. Consequently, the child feels vulnerable in the care of an adult who displays these characteristics.

Although attention has been paid to the fact that in early relationships children experience form attachment, even in adulthood people still have a dependence on attachment relationships (Daniel, 2006). Adults need attachment in times of danger, illness or vulnerability, and the attachment can be characterised by the need to maintain proximity, being distressed when separated, being happy at a reunion and grieving for loss (Daniel, 2006). Adult attachment styles roughly mirror child attachment prototypes; however, adults can shift their internalised working templates for various relationships (Pietromonaco & Barret, 2000).

For children, attachment figures are frequently parents or those who have a parental role, such as caregivers; however, as children develop to become adults, attachment figures will be friends or romantic partners, and when they enter old age, attachment figures could even be their children (Daniel, 2006).

2.6 Adult Attachment Styles

Adult attachment styles tend to influence the outcomes and dynamics of adult romantic relationships (Hazan & Shaver, 1990). Several researchers suggest that adults do not hold a fixed working model of relationships. Indeed, they do hold assumptions regarding relationships and intimacy in general (Geanty, 2005). However, an adult is bound to be influenced by partners, which means their internal working model of partners from specific cultures or religions may be different from somebody else's because of early socialisation or personal

experiences. It is therefore unadvisable to treat all adults as a homogenous group when discussing relationship perceptions.

According to Bilfulco et al. (2002), there are four classes of adult attachment styles, specifically, secured, enmeshed, fearful and avoidant. Like child attachments, they are divided into two principal categories: Secure and Insecure, with insecure being further divided into three types: Avoidant, Anxious and Fearful (Malekpour, 2007; Bilfulco et al., 2002). However, Ainsworth (1971), had three original classifications: Secure, Anxious/Ambivalent and Avoidant (Ainsworth et al., 1978). The fearful category was added later to the Anxious and Avoidant categories (Bilfulco et al., 2002).

2.6.1 Fearful Avoidant Adult

Research shows that this category is highly associated with disorder (Bartholomew and Horowitz, 1991 in Bilfulco et al., 2002). This style is characterised by fear of being lonely and a poor self-perception. Specific studies have shown that some parents of children with disabilities may demonstrate fear in caring for their child and undertaking medical and social duties that come with it (Malekpour, 2007). In a case like this, even some parents with a secure base, may be psychologically affected by the overwhelming duties, which may affect their attachment prototype. A further example is postnatal depression. Their feelings concerning close relationships are ambiguous and they suppress their feelings because they do not trust their partners with their hearts. This causes them to feel unworthy and unloved, and partners are mistrusted (Malekpour, 2007).

2.6.2 Secure Adult

These adults are warm, sensitive, attentive and responsive to their partner's needs (Bilfulco et al., 2010; Al, Qahtani et al; 2002); hence, they tend to be attractive to the opposite sex in a heterosexual partnership, or the other partner in a homosexual relationship. The relationship

enjoys trust, fidelity and longevity. There is an open line of communication between partners. Studies into the psychological mechanisms that promote a safe haven in romantic relationships demonstrate adults who are not hesitant in seeking support from the other in times of distress and are readily available to provide support to a partner (Nakash-Eiskovits, 2002). An overwhelming body of evidence-based research suggests that these are the adults who are positive role models for their children or infants in their care. They enable a positive inner working model (Brotherson, 2005) within the child, whom the child then uses as a template for other social interactions (Bowlby, 1982) with secondary attachment figures and peers (Bowlby, 1987).

2.6.3 Anxious/Preoccupied Adult

The anxious partner worries about their partner's availability or responsiveness. They are clingy and seek attention and a high level of responsiveness and intimacy from their partners (Bifulco et al., 2002). They have a low self-perception, which affects the way they view their partners. In addition, they are characterised by low levels of trust in the other people and are inclined to over exaggerate their feelings making them impulsive in their decisions and expressions (Brotherson, 2005).

2.6.4 Dismissive/Avoidant Adult

This adult is detached and independent (Bifulco et al., 2010; Al Qahtani et al, 2002). George and West, (1999 in Bifulco et al. 2010) and Al Qahtani al. (2002), argue that this is the least vulnerable attachment style. They prefer not to depend on partners nor open up. They view themselves as self-sufficient, are not dependent and are in need of intimacy. Feelings are suppressed and they distance themselves from partners who have disappointed them or those they have a low opinion of.

2.7 Methods of measuring attachment in adulthood

The Adult Attachment Interview (AAI) has been seen as the 'gold standard' for evaluating adult attachment and it measures mental representations of attachment relationships (Jones-Mason et al., 2015). The AAI is based on a connection with childhood experiences, whereby children internalise the relationship that they have with their primary caregiver as a mental representation. This is referred to as an internal working model (IMV), which then operates throughout life (Jones-Mason et al., 2015). In fact, the AAI is a semi-structured interview that addresses childhood experiences with those who they have formed attachments with and what those experiences mean to them as adults (Jones-Mason et al., 2015).

A review of AAI would require a review of a different approach to measuring attachment. Hazan and Shaver (1987), introduced a self-report instrument for measuring adult attachment. Specifically, their instrument was employed to understand attachment in romantic relationships and is based on the idea that the differences in the way people engage in this type of relationship is similar to the ABC classifications put forward by Ainsworth (Daniel, 2006). The original version of the instrument introduced by Hazan and Shaver was brief, involved forced-choice and a multi-sentence description of the three styles of attachment, consisting of the secure style, avoidant style and ambivalent style (Daniel, 2006). However, there have been criticisms of the instrument in terms of psychometrics and for being too simple, something recognised by Hazan and Shaver themselves, as well as other researchers (Daniel, 2006).

It is important to note that the AAI is not concerned with the truth or unconscious processes and that IWM are based on real life experiences with attachment figures (Jones-Mason et al., 2015) or states of mind about attachment that are external to conscious awareness. Alternatively, the self-reporting instruments and romantic attachment styles put forward by Hazan and Shaver reveal that differences in attachment are accessible to consciousness

(Daniel, 2006). This is in contrast to the AAI which refers to attachment as being something that is external to consciousness.

Another notable difference between AAI and the abovementioned attachment style is that with Hazan and Shavers approach, attachment is measured against current attachment relationships (Daniel, 2006). Bartholomew and Horowitz (1991), make a comparison between AAI and Hazan and Shaver's constructs and note that the Dismissive identified in the AAI is not the same as the Avoidant identified in Hazan and Shaver (Daniel, 2006).

2.8 Attachment in Collectivist Cultures

It can be noted that "a central theme of collectivism as a cultural syndrome is that relationships with relevant others and group memberships constitute the primary unit of society" (Nicholas and Oyserman, 2011 p. 33). The emphasis is on group ties or sharing of common religion, tribe, ethnicity or civic groups. Individual members of collective society are understood in terms of group behaviour and individual aspirations are meant to further the achievements of the inner group (Diamond et al., 2008; Nicholas & Oyserman, 2011). Group loyalty is valued; hence, individual desires to exit the group and denounce what it stands for is strongly discouraged and in some cases, is remonstrated.

Collectivist cultures value promotion of social harmony and regard for the community above the self and furthermore, interdependence is valued in these cultures. Cross-cultural studies on attachment illustrate higher levels of attachment anxiety and avoidance among participants from collectivist cultures (Diamond et al., 2008). Although collectivism strengthens family relations by promoting dependence on the extended family units and religious and tribal in-groups, it is nevertheless detrimental to the development of the self and ontogenesis of secure attachment (Hofstede, 2001). This emphasis on adherence to the values of the in-group is in stark contrast to the American Cowboy persona which depicts self-sufficiency that promotes autonomy and a positive self-perception (Hofstede, 2001).

Alternatively, in individualistic societies, independence and individualism are taught at an early age by allowing infants to experience solitude when they sleep in their own cots in separate bedrooms from parents and spend some time playing alone in playpens (Johnson, Radesky & Cuckerman, 2013). Conversely, in some collectivist cultures separation between infant and mother or the main carer at night-time is considered an unacceptable practice as it is believed that sharing a bed with the infant strengthens the bond between parent and child (Farooqi, 1991). These early socialisation tendencies mark the difference in achievement of positive self-perceptions. Children from Western societies are taught to be self-sufficient and believe in their abilities as individuals, unlike collectivism which values intergroup harmony and emotional restraint (Chem, 2000; Nisbett, 2003). This is normally viewed by Western cultures as a way of protecting oneself from rejection by family and other immediate socialites (Clark & Wells, 1995)

It should be noted, however, that for some families sharing parental space may be due to a lack of infrastructural or material resources; hence, there is a need for researchers to be sensitive when undertaking cross-cultural research (Farooqi, 1991 cited in Hofstede, 2001).

2.9 Attachment to Multiple Caregivers

Most developed countries have moved away from orphanages. This care arrangement has been replaced by placing orphans and children from unstable families in the community with fostered or adopted parents (Luscombe, 2014). In the context of adoption and foster care, the adult and their relatives become attachment figures to the child. NSW (2006), site long-term foster carers as primary attachment figures; hence, it is doubtful whether emergency short time carers can provide the warmth and security that can last for a child's lifetime. Research suggests that casual contact with parents is an advantage to the development of attachment with foster carers, seeing as this ensures the child that their biological parents approve of the new care arrangements, especially in the case of older children who might already have acquired a secure base from their biological parents (Bowlby, 1982). Indeed, some children

may not need to have contact with their biological parents for safeguarding reasons, or the children may choose not to maintain contact.

2.10 Criticism of Bowlby's theory

Bowlby's ideas on child rearing and the long-term impacts revolutionised the world view on children and parenting skills; nevertheless, it has gone unchallenged. Scientists still continue to question and criticise some of these core arguments, particularly the idea of monotony. The world has changed since the 20th Century and this has affected the traditional family structure, for example, the legal acceptance of same sex parents and civil partnerships. There is now an abundance evidence contradicting the idea of monotony.

Contrary to the study by McLanahan and Sandefur (1995 p. 1), which concluded that "children who grow up in a household with only one biological parent are worse off, on average than children who grow up in a household with both of their biological parents. . .". Marks (2012, p. 736), asserts that "not a single study has found children of lesbian or gay parents to be disadvantaged in any significant respect relative to children of heterosexual parents". The APA (2005) study investigated children of same sex parents on mortality, criminality, health, poverty, education and early sexual activities (Marks, 2012; APA, 2005). The main criticism of McLanahan and Sandefur's study is that it was performed just over 20 years ago when gay parenting was not as commonly accepted as it is now. It can be argued that results reflect the perceptions at the time. Another concurrence states that homosexuals provide their children with home environments which are not very different from those of heterosexual parents (Patterson, 2000 cited in Marks, 2012).

In their study on bonding and attachment, Schaffer and Emerson (1964), noted that contrary to Bowlby's assertion that strong attachments start at six months, attachments began approximately at eight months, with multiple attachments beginning shortly after. In contrast to Bowlby's suggestion that the first six months to two-three years were crucial to the

development of monotony for a secure base, their study noted that by the 19th month, roughly 87% of the children had developed a strong attachment with other attachment figures, in some cases more than five. Conversely, Rutter (1972), diversified thoughts on attachment indicators and gave examples of protest or the distress of a child at the separation or loss of secondary attachment figures.

Rutter's main criticism of Bowlby was his failure to differentiate between deprivation and privation. He argues that deprivation of an attachment figure is less significant than the quality of the attachment bond. He went on to argue that Bowlby may have oversimplified his assertions on maternal deprivation, therefore raising the question; is maternal deprivation the worst loss a child could experience? (MacLeod, 2008). Consequently, Rutter (1972), endeavoured to re-assess the conception of maternal deprivation. His primary argument was that the maternal figure may be present, but if they do not provide quality care to the infant, the outcomes of their care are not better than an orphan who has been adopted by a responsive, sensitive and caring guardian. This concept can be used to explain the prevalence of parenting courses around the world. Rutter emphasised the importance of providing a stimulating environment to children to challenge them mentally, socially, emotionally and physically, without which children would not have a sense of achievement which they need for a positive self-esteem.

2.11 The role of burnout and link to attachment

Research suggests that attachment style is related to an important concept in occupational psychology, the concept of *burnout* (Ronen & Milkulincer, 2010). Understanding burnout among orphanage staff is imperative towards understanding the relationship between staff and children.

2.11.1 Defining Burnout

Excessive stress caused by increasing demands can have psychological implications on an individual (Martin, 2011; Medina & Bayebach, 2014). If stress is not treated, it leads to demotivation and consequently, burnout (Tonder, 2009). Individuals with burnout present with an array of symptoms including loss of appetite, insomnia, overdosing, substance abuse and feelings of hopelessness (Martin, 2011). Carers who are burned-out are more likely to neglect or abuse service users in their care or family members (AHA, 2012). Legasse et al. (2000 cited in Dyrbye, 2015), define (it) as having a high score in all three burnout domains of the Maslach Burnout Inventory (MBI). This scale is considered the most appropriate measure of burnout and includes depersonalisation, exhaustion and low personal accomplishment (Medina & Bayebach, 2014). Furthermore, several scholars agree that three dimensions of burnout can be considered individually as signifiers of burnout in an individual (Dyrbye et al., 2009).

Burnout research on a larger scale was conducted by Medina and Bayebach (2014), in Tenerife, in the Canary Islands, among 152 child protection workers. The Maslach Burnout Inventory was used to measure levels of staff burnout against workers professional practices and beliefs. Results indicated a correlation between higher burnout scores with deficit-based beliefs and a negative correlation of strength based beliefs and burnout trial tests where workers reversed their professional practices and beliefs. It also suggests that workers with a positive attitude to family and service users experience low levels of burnout, while those with a negative attitude experience high levels of burnout (Medina & Bayebach, 2014). Moreover, the inverse of the initial results was observed (Medina & Bayebach, 2014). Conversely, a 3-year study into the resilience of child mental health workers in Tennessee (1998), which involved 250 children and 32 employees found that organisational structure does correlate with burnout outcomes. It suggested that staff who felt valued and provided with opportunities to contribute were more resilient and engaged in higher productivity (Wagner, 2011 in Martin, 2011). Additionally, they had more positive attachment levels with the children they cared for.

It should be noted that burnout experienced in the education sector in the UK is due to high expectations placed on schools by parents and Ofsted inspectors. Moreover, teachers may become frustrated and frequently feel unprepared (Emolina, 2011). A study by Emolina (2011), investigated the burnout levels of childcare professionals and the lack of administrative support in a childcare setting in Dublin, and moreover, studied job related conditions and how these impact on job satisfaction and burnout. The study sought to ascertain the level of burnout experienced by professionals working with children in private childcare institutions in Dublin. Research used the 3rd edition of the Maslach Burnout Inventory-Educators Survey (MB1-ES) (Maslach et al., 1996). Results indicated no evidence of significant feelings of burnout, as workers had a positive outlook on their professional duties. The study also discovered that there was no correlation between lack of administrative support and staff burnout. This result was attributed to robust induction programmes offered to staff at the beginning of their careers as childcare workers (Veatch, 2006 cited in Emolina, 2011). However, the results of this study may not be representative of most care workers in Dublin, seeing that a large amount were part-time workers selected by management to participate in the research process. Furthermore, it may be argued that their responses could have been engineered to reflect the views of management. The cultural context of the research reflects on the Irish community, where most children were cared for in large families in their parent's homes and experienced extended family input in their upbringing. Additionally, the Catholic Church was the dominant religion for most part of the 20th century; hence, childcare was primarily provided in private settings.

The research used two different tools to collect data: MB1-ES for 250 respondents and Demographic Data Survey. To research personal character and professional background and "... detect any patterns that would be significant to alienation", Emolina (2011 p.23), considered variables for instance job satisfaction, job safety, co-worker support, training and remuneration. The use of validated instruments like the MB1-ES and the Demographic Data Survey increases the reliability and validity of the study (Cohen et al., 2011). Similarly, the use

of both tools instead of one reduces the possibility of bias. The demographic data survey is an excellent tool to use because collecting data on participants' professional background and individual characters helps to contextualise responses and further assist researchers to completely and critically understand and evaluate results. Also, data was analysed quantitatively by use of SPSS Statistics 17.0. Although this is a rigorous method of data analysis, it "does not provide model fit indices to evaluate how well data is represented" (Cohen et al., 2011, p.552).

Tander and Williams (2009), assert that burnout is a 'global phenomenon which affects all organisations, particularly successful ones which produce products of a high standard'. The modern world has become competitive, with China set to become the world leader in economics and industrial competence, and even social care services cannot be excluded from the competitive environment. The early perception of burnout was attributed to an individual's lack of strength and willpower to deal with occupational challenges (Tander and Williams, 2009). This definition is limited in that it disregards the intricacies of human relationships, an individual's state of mind and challenges in the work environment. Fortunately, research in this area suggests the contrary.

Professionals working with children suffer burnout due to raised stress levels caused by working extended hours. For example, teachers in Canada and British Columbia work on average 60 hours a week (Caulter & Abney, 2009), maintaining acceptable levels of discipline among children (Wragg, 2004; Caulter and Abney, 2009; Taylor et al., 2005). Consequently, this produces high staff turnover rates (Ralfe et al., 2003). This result is in stark contrast with Medina and Bayebach's (2014) assertion that high levels of staff burnout reflect organisational constraints and a lack of acknowledgment of workers' contributions and challenging relationships with service users.

2.11.2 Stages of Burnout

Burnout has been categorised by Tonder (2009), who outlines five manifestation stages, specifically affective, cognitive, physical, behavioural and motivational. This illustrates how burnout can affect the entire individual. At the motivational level, the individual loses enthusiasm and may subsequently resign from duties (professional). In contrast, like grief, burnout has been also categorised into 4 stages; enthusiasm, stagnation, frustration and burnout crisis. Research indicates that an employee who starts work with unrealistic expectations of their personal and professional capabilities (enthusiasm) may realise that they are not able to achieve as much. This feeling may be intensified by other external factors such as family pressure and social pressures (Westerguard, 2002). Consequently, this leads to frustration, particularly if administrative and peer support is not received (Westerguard, 2002; Tonder, 2009). Returning to the first stage depends on the level of support offered, failure of which leads to apathy and intervention at this level (Emolina, 2011). Thus, childcare workers who reach the burnout crisis stage may feel alienated (Watson, 2009).

2.11.3 Pathways of burnout

Martin (2011) presents a model of pathways that lead to staff burnout. Social workers complain about the pressure placed on professionals to meet deadlines, which they feel sometimes take out the human element of care provision. Childcare employees work with children who have suffered severe trauma in their lives. Moreover, Tulberg et al. (2010), indicates that those childcare employees are susceptible to the impacts of secondary trauma and it frequently takes time to realise that one is affected. It is conventional for child workers to suffer secondary trauma because they assume a paternalistic model compared to the parents of the children in their care (Medina and Bayebach, 2014) (Dejong & Berg, 2008, 2012). This model suggests that social workers felt undermined by professionals making decisions for them. Policy reforms and child safeguarding initiatives (Flick et al., 2012) criticises the above model and there is a

drive encouraging the active adoption of the strength model (Gilbert & Lee, 2011; Rodrigo et al., 2008; Seleebey, 2006). In this model, the family is seen as a positive resource to draw on. Their voice is listened to and the family-child-worker relationship is viewed as a partnership (Gilbert & Lee, 2011).

Burned out workers may feel undervalued by supervisors if they feel that their suggestions to improve their work environment are “silo’d” by administration. Martin (2011) claims this is generally the case with social workers in America, who feel they do not have a voice, which in turn leads to feelings of disengagement. The author describes the American social welfare system as a vicious cycle where absenteeism or the poor performance of disengaged staff affects motivated staff who feel they are constantly cleaning up other’s mess (Tonder, 2009; Martin, 2011; Morgan et al., 2002, Pecora, 2003). When personal problems take over, employees feel they have lost energy to motivate themselves and colleagues; hence, they cannot see the positive effects of their work. Moreover, it is common practice for social workers working with families not to be informed about the progress of their cases, for instance graduation and marriages (Martin, 2011).

2.11.4 Significance of burnout in child residential care

It is important to understand how staff burnout affects children. Several factors should be considered in child care settings to ensure high quality care for all children. The studies below illustrate the psychological, environmental and physiological factors which contribute to staff burnout in childcare settings. According to Kim and Stoner (2008) and Lloyd et al. (2002), research on burnout is well developed but most of it focuses on therapeutic workers rather than day-to-day care workers (Seti, 2008 cited in Pinchover et al., 2015) who provide direct care. As care staff play a significant role in the emotional support, rehabilitation and treatment of children in care, they are at high risk of burnout. Additionally, the most vulnerable children are also at risk from staff burnout (Pinchover et al, 2015). This study is significant research in

relation to burnout studies, specifically in Saudi Arabia, because it addresses the gap in the literature, particularly on residential care workers. Staff burnout affects looked-after children; it damages the children's quality of life and leads to negative outcomes in residential care (Seti, 2008 cited in Pinchover et al., 2015). Studies carried out in the West and in Israel suggest the causes of staff burnout in professionals working with children are extremely similar (Caulter & Abbey, 2009; Tonder, 2009). Lack of support among employers and by administrative staff sometimes leads to poor mental health, absenteeism, personality clashes, duty inefficiency and reduced productivity (Westerguard, 2002). Burnout can also cause feelings of self-deception, worthlessness, feeling undervalued and in extreme cases, lack of faith in life and one's existence (James & Gillard, 2001).

A study relating to residential childcare settings in Israel sought to examine the influence of childcare managers on personal accomplishment and staff exhaustion. This study concluded that employees' positive perception of leadership and management correlates with lower levels of burnout. Similarly, greater support levels from leadership and management is also associated with lower burnout levels (Lakin, Leon & Miller, 2008). The researchers also assert that internal factors, such as organisational climate have not been adequately highlighted in previous research. Therefore, staffs' high perception and trust of leadership were linked to high levels of personal achievement while positive perceptions of perceived collegial leadership. Additionally, staff perception regarding management's "...openness and supportiveness of the social needs of the workers and their commitment to the workers and goals of the institution" was linked to lower levels of personal exhaustion.

A further study conducted by Ross, Carswell & Dalziel (2002), investigated burnout levels among healthcare staff working in residential childcare settings. Although this study was not carried out in an orphanage, the working conditions are similar in terms of offering institutionalised care to children. A total of 178 nurses and 49 healthcare assistants participated in the study, which employed exploratory and descriptive methods. Data was

collected on the respondents' emotional exhaustion, personal accomplishment, depersonalisation and personal involvement. The results suggested that in order to ensure comprehensive, personal and caring care, management should take steps to reduce emotional exhaustion among staff (Ross, Carswell and Dalziel, 2002). Working with younger people can be exhausting. The research undertaken in the Ottawa-Carlton region in Canada, collected data from nine such intuitions in the region. Moreover, this was a large sample which reflects the conditions of working in a children's residential care setting. Although the study is not explicit on the nature of staff attachment, most respondents were married females who had children of their own. This reflects the respondents' inherent caring nature. According to Cummings et al. (2004) and Oates et al. (2005), married mothers have secure attachment patterns to children they care for in childcare settings. However, if the married mother is in an abusive relationship they may struggle to offer stable care to their children or any other children in their care (Cummings et al., 2004). In addition, Van Ijzendoon emphasises the significance of the environment shaping attachment patterns. Van Ijzendoon asserts that it is difficult for poorly trained staff with lower than average wages to possess enough motivation to offer high quality care to children. Saudi Arabia faces similar challenges hence this assertion can be true in the Saudi residential care setting.

It is important to mention that several governments have put legislation and guidelines in place to safeguard children's outcomes, for example in the UK, there is the 'Every Child Matters' (ECM) agenda, which prioritises children's safety, among other outcomes. ECM is a government strategy which may be difficult to replicate in conservative societies where the position of the child within the family and community is that of subordination. The UK prioritises safeguarding of children at home and in education and care institutions (Martin, 2011; Morgan et al., 2002), moreover, "the government is a signatory of the Council of Europe Convention on the protection of children, in addition to the United Nations Convention on the rights of the child" (Morgan et al., 2002, p.14). Despite this level of commitment to the safety of children and support of families, staff burnout among social workers and educators impinges on the

outcomes of this obligation (Martin, 2011). Burned out social workers and child welfare officers are disengaged and lack motivation to gather critical information required to inspire families to make positive informed choices (Martin, 2011). They are also likely to make unsafe assessments which will further compromise the safety of the child, for example removing a child from a home with a very low or no risk of danger and missing signs of abuse in a child from an unstable family. Personalised case plans consider an individual's needs. Unmotivated child workers "...tend to use cookie cutter case plans that have no relevance to the needs of a particular family" (Martin, 2011, p.2). In the worst cases, ineffective case management leads to a fall in academic progress by an average of 5 months (Pecora et al., 2003)

Residential care has been operational for over 300 years (Becker, 2001); nevertheless, studies on burnout have only been conducted from the mid-1970s (Maslach, 1976; Freudenberger, 1974, 1975 in Becker; Fullmore & Collins, 2008). Studies on burnout in childcare settings has been extensively researched, especially in the Western world, and several causes of burnout relate to employment conditions and working with challenging clients like in social care and healthcare settings. In addition, low remuneration and high staff turnover generate demotivation which may consequently cause burnout (Morch, Robinson & Neuner, 1993). Conversely, a study by Del Valle & Bravo (2007), argues that the most common stressors in childcare institutions are linked to fatigue and workload responsibilities. Whitaker et al. (1998 cited in Heron and Chakrabarti, 2002), identify a dozen causes of burnout which include a lack of resources, feeling hopeless, staff changes, lack of control and constant structural changes.

Colton and Roberts (2007), argue that staff turnover in childcare settings, especially places which care for children with challenging behaviour, is a massive concern. Vulnerable children need to have stability and continuity, failure of which may cause them to feel rejected. Moreover, many of these vulnerable children would have experienced rejection countless times in their lives. They also contend that staff turnover may be used by children as an excuse

to present with more challenging behaviour like disrespecting authority or refusing to engage with new staff. Savicki (2002 in Baker, Fullmore and Collins, 2008), concurs on the above causes of burnout and claims the United States has the highest level of emotional exhaustion, explaining that many childcare workers in this country feel they do not have much control over decisions that affect either the children they care for or their employment welfare.

An additional study on compassion fatigue in the same country was carried out by Eastwood and Euklund (2008). This study investigated the impact on workers working with emotionally damaged children. Results from 57 residential child care workers suggested that workers who experience children's traumatic experiences and endured the processes of supporting them to deal with their emotions, suffered higher levels of compassion burnout than those who did not experience the same. Sympathising with clients can lead to workers feeling confused, helpless and isolated especially if they feel they are not being supported emotionally by employers or other employees. Additionally, the study determined that workers who felt they were not spending quality time with their families scored higher on burnout. Consequently, employees who were stressed scored high on the burnout index. It can be argued that compassion fatigue is inevitable in childcare settings where children have experienced trauma and rejection from family and significant others. Rose et.al (2006 cited in Baker, Fullmore and Collins, 2008), argue that organisational factors are paramount in determining stress factors and consequently, burnout. A study to investigate burnout and reciprocity revealed that client related factors like offloading emotional trauma on to staff and exhibiting challenging behaviours were secondary factors in burnout. Recruitment procedures influence staff retention and turnover. The study established that failure to give realistic expectations to prospective employees during the recruitment process means staff start employment with unrealistic expectations pertaining to their contribution. Furthermore, the lack of provision of quality care can be a result of bureaucracy and demanding expectations of administrative tasks. A high proportion of residential care staff felt that management were not supportive, causing feelings of helplessness among subordinates (Fullmore and Collins, 2008).

Furthermore, a lack of reciprocity was also blamed on co-workers; thus, when employees feel other colleagues are not supportive, they feel devalued (Savick, 2002 in Baker, Fullmore and Collins, 2008).

2.11.5 Burnout and attachment

A Dutch study to investigate burnout antecedents in the workplace learnt that single employees experienced less burnout compared to married employees. In contrast, insecurely attached managers led subordinates with low job satisfaction and higher burnout levels. Furthermore, the study found that insecurely attached subordinates presented with high burnout levels (Ronen & Milkulincer, 2010). A study involving 530 security guards showed no correlation between burnout and secure attachment styles. Conversely, in cases which involved critical incidents, results demonstrated a strong correlation between fearful and pre-occupied styles to higher burnout scores (Vanheule & Declercq, 2009). According to Pines (2004 cited in Vanheule and Declercq, 2009 p. 374) “secure attachment provides people with an inner resource that helps them to positively appraise stressful experiences and to cope with these in a constructive way” and that there is a positive correlation between burnout and insecure attachment styles, such as anxious ambivalent, pre-occupied, avoidant and disorganised attachments.

This is a plausible theory linking Bowlby’s idea of a secure base (Bowlby, 1967) and development of individual autonomy and the ability to cope with stressful situations. A study by Vanheule and Declercq (2009), investigated whether attachment styles operate as working models that influence coping strategies in work place environments. Orphanage carers, particularly in Saudi Arabia, work in potentially volatile environments, with several orphans presenting with psychopathological conditions, loneliness and challenging behaviours. Pines and Keinan (2005 cited in Vanheule and Declercq, 2009), argue that exposure to such conditions and critical incidents at work have an influential impact on wellbeing, regularly

leading to high levels of career burnout (Keinan (2005 cited in Vanheule and Declerq, 2009). Pines (2004) assertions were confirmed in Vanheule and Declerq (2009), where responses on the relationships questionnaire (RQ) measuring attachments, suggested a positive correlation between burnout and fearful and pre-occupied attachments. However, there was no relationship between burnout and dismissing attachment (insecure).

2.12 Summary

The review of the literature in this chapter illustrates the central importance of the bond between child and caregiver . This is critical with Institutionalised orphans who not enjoy the stable and caring family environment that most children enjoy. The chapter demonstrates how insecure attachments affect children's emotion regulation strategies. Carers are significant others to children in their care and their behaviour and attitudes influence the children's view of the self and relationships with others (Bowlby, 1982; Ainsworth & Bell, 1970). In addition, the chapter touched upon the importance of culture.

Despite the importance of the extended family structure in non-Western collectivist countries like Saudi Arabia due to religious guidelines not all children enjoy the same family experiences. Saudi cultural values and Islamic expectations exert a significant influence on the attachment patterns of institutionalised children and their future. This chapter has also explored attachment and child pathology. Studies reveal a correlation between attachment styles and pathological conditions like depression, anxiety and antisocial behaviour. In summary, children and adults with insecure attachment styles tend to exhibit mental health conditions.

Moreover, studies on burnout have emerged since the mid-1970s and authors debate about which factors are most significant in causing burnout among childcare staff. The literature reviewed suggests that staff burnout relates to the attachment style of staff and may impact the bond between residential care staff and children. The chapter highlighted a gap in the

literature, as no previous studies have looked in detail on that bond and its importance for child well-being either internationally or in relation to Saudi institutions.

Chapter Three: Overview of the Empirical Studies

3.1 Introduction

This chapter presents the research focus and methodological approach utilised in the current study, as informed by attachment theory. Firstly, the aim and objectives of the study are presented, followed by a discussion of understanding the research process and philosophical premises of mixed methods design. Eventually, the rationale for using a sequential exploratory mixed method was justified. The chapter also provides a summary protocol for each of the three consecutive studies to be conducted in this thesis, which includes a qualitative study (Study 1) followed by Study 2, a quantitative study for moderation, and finally, Study 3, a longitudinal quantitative study for mediation. The following sections provide brief information concerning the protocol for each individual study. Each theme was addressed in order, before a visual model of a sequential exploratory mixed method was provided.

3.2 Overall aims and research strategy of the empirical studies

The aim of this thesis is to investigate various aspects of the child-care staff relationship in Saudi residential care and its role in children's well-being. To achieve this aim, a mixed-methods approach was employed, including three empirical studies, one qualitative and two quantitative. The objective of the qualitative study was to investigate the ways in which care staff perceive themselves in their roles as attachment figures to the children in their care. The objective of the first quantitative study was to investigate if staff attachment style and distress moderate the link between child attachment and child behavioural problems, while the objective of the second quantitative study was to investigate if the attachment style of staff influences child outcomes overtime.

3.3 Understanding the Research Process

Saunders et al. (2007), developed the research onion which describes the stages of formulating effective methodology. Firstly, a definition is required of research philosophy in order to create a starting point for the appropriate method with regards to the research adopted. This is adopted in the second stage. In the third stage, the research strategy is adopted, whereas the time horizon is identified in the fourth stage. Data collection and methodology are identified in the fifth step. The research onion is a valuable tool because it allows for the creation of a series of stages necessary for understanding varying methods of data collection and it also demonstrates the steps for a methodological study description. See figure 1.

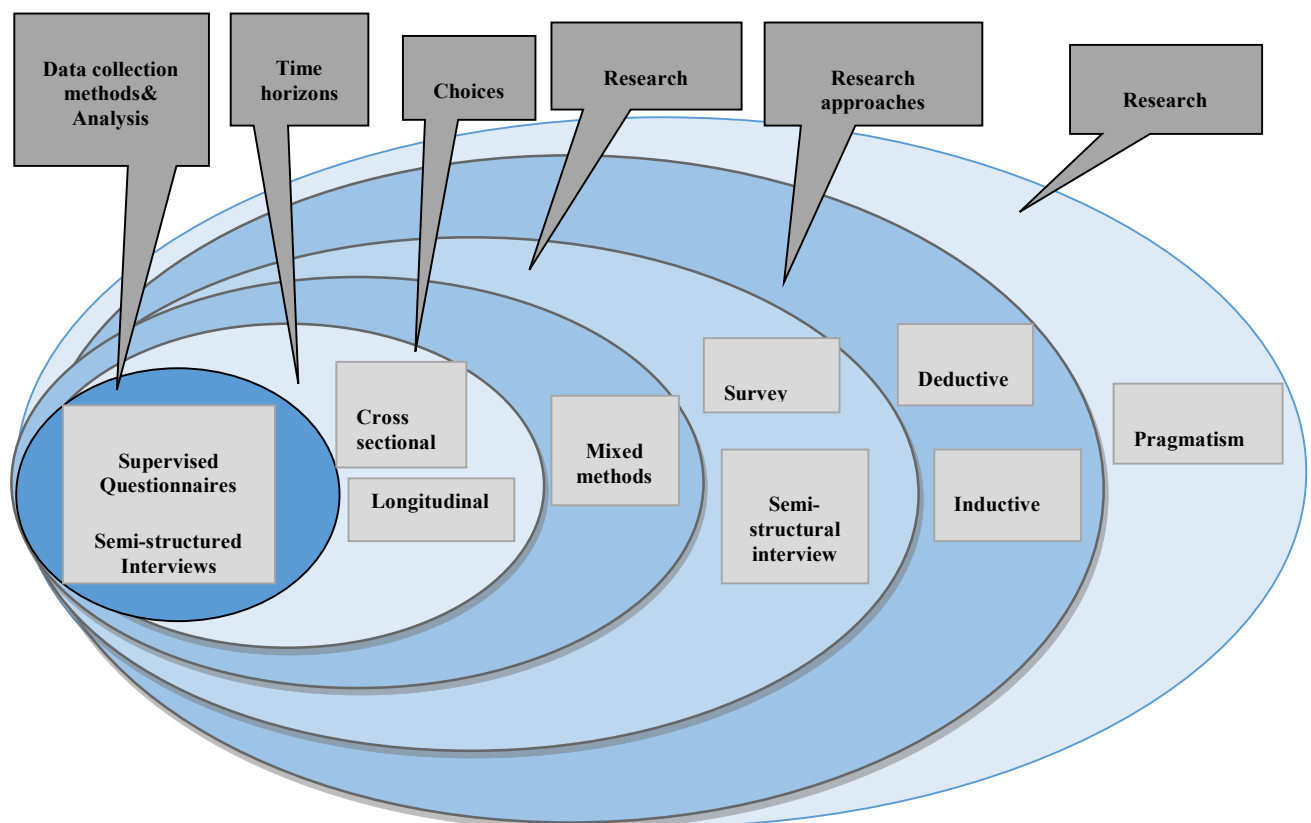


Figure 3-1 The 'Onion' model for making research decisions

Source: Adapted from Saunders et al. (2007)

3.4 Philosophical Premises of Mixed Method Design

Being practical in research is an essential skill. Pragmatism is a reflective method of utilising both qualitative and quantitative approaches in research. The use of mixed methods allows for the achievement of aims and objectives and answering research questions in more depth than using a single method (Creswell & Clarke, 2011). According to Klenke (2016), each research paradigm makes assumptions on several dimensions of the study, for instance, the construction of knowledge, epistemology and how the research influences findings via personal values. These values can influence the selection of data collection methods, sampling techniques, data collection and analysis. Above all, interpretation of data is arguably one of the most subjective areas of research (Bryman, 2012). Ontologically, it is interesting to note that pragmatism believes in the existence of an external world which is independent of our way of thinking and perception (Tashakori and Teddle, 2009). Ritchie and Lewis (2013), concur and further imply that pragmatists do not accept that the truth is certainly absolute and they accept points of view from positivism and constructivism. Owing to the fact that pragmatism embraces both qualitative and quantitative approaches this paradigm allows for both subjectivity and objectivity throughout the period of research (Regmi, 2010). However, it is determined in the broadest sense by the researcher's anticipated outcomes (Regmi, 2010).

3.5 Rationale for employing a mixed-methods design

The use of both qualitative and quantitative approaches should not be taken lightly. It can be challenging and researchers should only use it whenever they have credible justification (Bryman, 2006). It is argued that the use of mixed methods principally provides a more in-depth understanding and exploration of the research topic compared to the use of a single method (Creswell and Clarke, 2011). Greene et al (1989), outlined five principal justifications related to employing mixed methods: 1. Inevitably, use of both methods extends the breadth of enquiry; 2. To add a different perspective and discover any incongruences; 3. Findings from one method are used to complement and validate results from another method; 4. The

complementary nature of mixed methods makes it attractive to researchers; 5. Triangulation improves the validity and reliability of research (Bryman, 2012). Bryman (2012) offered more comprehensive reasons to employ triangulation in research. Additionally, the rationale is illustrated in 16 visibly articulated reasons, which are recommendations for researchers to use and act as a guide and motivation. Likewise, this study employed the use of mixed methods since the study has two distinctive research questions. The qualitative approach was most suitable for the second question, while question one lent itself more to quantitative methods. The pragmatic choice of mixed methods was inspired by Bryman's (2012) justifications.

Studying social phenomena can be challenging in terms of obtaining accurate and comprehensive data. This researcher was convinced that a more comprehensive account of institutionalised children would be obtained through the adoption of pragmatism. Additionally, as Greene et al. (1989) indicate, the other principal justification is the complementary nature of both these approaches, which enables the elaboration and elucidation of the results from one approach to findings from the other. Respondents' perceptions using both methods were combined, relationships between variables were uncovered and meanings among respondents revealed through qualitative research. In this work a sequential exploratory mixed method was used including a qualitative and two subsequent quantitative studies.

3.6 Study I: Qualitative Study

In study I a qualitative descriptive approach was utilised to permit the collection of rich data by a semi-structured interview. Interview questions were informed on the basis of previous research and professional experience.

3.6.1 Aims and research question

This study aimed to explore the views, thoughts, feelings and perceptions of the orphanage staff with regards to the various aspects of care provided to the children and the problems and challenges facing them. By exploring their own perceptions as caregivers, the study aimed to explore the extent and manner in which staff and their institutions function as attachment figures providing security to the children. So the specific research questions were: What do staff think they provide to the children in residential care? Do they perceive any limitations in their capacity to provide for the children? Do they perceive any solutions to such challenges? Eventually, do staff and the institutions function as a secure base for the children?

3.6.2 The interview schedule

The interview schedule was informed by previous studies. Altawil (2010), Hussein (2008) and Khouj (2014) have all addressed orphanage institutions from different perspectives, and in the Arabic language. The present researcher utilised these significant studies to devise high-quality questions for the interview schedule of this study. The materials used in this research therefore include an interview schedule consisting of 25 semi-structured questions.

The interview was designed to elicit responses related to four specific areas. Staff were asked about: their background knowledge of the children, practices in the orphanage, interventions, and education. The main aim of these questions was to understand the beliefs and attitudes of the care staff and management. The questions allowed these areas to be investigated, while

still allowing further exploration. Participants were encouraged to expand on their responses as they wished.

Interviews were semi-structured to encourage open discussion about issues, challenges and opportunities for caring for orphans. The use of semi-structured interviews allowed participants to express themselves freely and also allowed the interviewer to observe body language, facial expressions and hesitations (Cohen et al, 2007). Questions were designed to elicit opinions, for example “Do you think you can do anything to improve their lives?” (see Appendix 3.1).

Specifically, in the present study, the methodological approach included interpretive phenomenology. It was therefore important to understand interviews in phenomenological research and how they can be used. As mentioned above, semi-structured interviews are considered to be the ‘exemplary’ method for interpretive phenomenology because they emphasise how people interpret their experience (King & Horrocks, 2010). Although the phenomenological interview is not addressed extensively in the literature, it is accepted that researchers place a strong emphasis on the importance of gathering detailed descriptions of a phenomenon (King & Horrocks, 2010).

Semi-structured interviews were the optimal way of conducting the present interviews because they allowed for flexibility while at the same time maintaining structure and helping to elicit valuable and high-quality data (Gillham, 2005). Semi-structured interviews are often used to collect qualitative social data when the researcher wants to find out about understandings and experiences of a particular situation (Matthews & Ross, 2010). Their interactive nature allows for deeper comprehension of the social phenomena being explored. There are two main types of information that the researcher can elicit from the participant, namely, information about the situation being studied (in the case of the present study – taking care of orphans in Saudi Arabia), and how they talk about their experiences and attitudes (Matthews & Ross, 2010).

One of the main advantages of semi-structured interviews is that they allow the researcher to probe further into issues as they arise. Moreover, additional questions may be needed or the order of the questions may need to be changed in order to allow the researcher to investigate different issues as they arise (Saunders, 2012). Semi-structured interviews also allow for prompts to end a discussion if it is going off the topic; this enables the interviewer to retain some control over the discussion, ensuring the topic under investigation is being discussed (Saunders, 2012).

An interview-based qualitative approach was used, which enables the collection of rich data (Cohen et al., 2007; Denscombe, 2008). The research is about gaining an insight into the situation of orphans through understanding the experiences of the staff that care for them. Because a particular phenomenon is being studied through interpreting experiences, it was deemed appropriate to adopt an interpretative phenomenological approach (Denscombe, 2008). This was achieved through the use of semi-structured interviews.

3.6.3 Data analysis rationale

Thematic analysis was used in the study, specifically a data-driven approach was used. However, having worked in orphanages before, the researcher had prior knowledge that would contribute to the development of some of the themes prior to the analysis. The different stages of the analysis were inductively conceptualised. According to Cohen et al. (2007), inductive analysis is more suited to semi-structured interviews, and the purpose of this approach is threefold: to summarise broad data in a relatively small amount of text; to link research aims and findings; and to formulate a theory on the processes and experiences presented in the raw data. In this model, emergent themes are condensed into a few main categories. The process of analysis was data-driven in that the researcher was open to the themes that emerged from the data, and subsequent conclusions were based on the data. This approach is convenient, straightforward and flexible, and can be used with a wide range of data to

answer research questions about people's experiences or the construction of phenomena in different contexts (Braun & Clarke, 2010). Additionally, it can be used with different research tools such as with the exploration of secondary data (Clarke & Braun, 2013). Moreover, it is a less time-consuming method of analysing qualitative data (King & Horrocks, 2010) than many other methods of qualitative data analysis.

Thematic analysis is widely used for the analysis of qualitative data and belongs to a group of methods that aims to identify patterns or themes within the data. As Braun and Clarke (2006 p. 82) state: "*A theme captures something important about the data in relation to the research question and represents some level of patterned responses or meaning within the data set*". Thematic analysis is widely employed in psychological, behavioural, social and applied sciences which include health and education sciences (Bryman, 2012).

3.7 Study II: The moderating effects of staff attachment style and distress

The aim of Study II was to investigate quantitatively, and in more detail the more general findings of Study I. In particular, the researcher wanted to find quantitative evidence of keyworker distress, children's distress, and attachment quality between child and keyworker. Also Study II aimed to identify if the quality of children's attachment to their keyworkers was related to the behavioural problems they faced and how main keyworker characteristics (i.e. attachment style, general distress, work-related distress) can influence that link. To attain these aims, the following hypotheses were tested:

Hypothesis 1: Most staff will experience burnout above the threshold.

Hypothesis 2: Most children will experience distress above the threshold.

Hypothesis 3: Most children will have attachment security below the threshold and attachment ambivalence and avoidance above the threshold.

Hypothesis 4: There is a positive correlation between child insecure attachment styles and child behaviour problems (SDQ).

Hypothesis 5: There is a negative correlation between child secure attachment styles and child behaviour problems (SDQ).

Hypothesis 6: There is a positive correlation between child insecure attachment styles and staff attachment style (anxiety and avoidance).

Hypothesis 7: There is a negative correlation between child secure attachment style and staff attachment style (anxiety and avoidance).

Hypothesis 8: There is a positive correlation between staff attachment style (anxiety and avoidance) and child problems (SDQ).

Hypothesis 9: There is a positive correlation between staff attachment style (anxiety and avoidance) and staff burnout (MBI).

Hypothesis 10: There is a positive correlation between staff attachment style (anxiety and avoidance) and staff general distress (GHQ).

Hypothesis 11: There is a positive correlation between child behaviour problems (SDQ) and staff burnout (MBI).

Hypothesis 12: There is a positive correlation between child behaviour problems (SDQ) and staff general distress (GHQ).

Hypothesis 13: There is a positive correlation between child insecure attachment style and staff distress (GHQ and burnout).

Hypothesis 1: Most staff will experience burnout above the threshold.

Hypothesis 2: Most children will experience distress above the threshold.

Hypothesis 3: Most children will have attachment security below the threshold and attachment ambivalence and avoidance above the threshold.

Hypothesis 4: There is a positive correlation between child insecure attachment styles and child behaviour problems (SDQ).

Hypothesis 5: There is a negative correlation between child secure attachment styles and child behaviour problems (SDQ).

Hypothesis 6: There is a positive correlation between child insecure attachment styles and staff attachment style (anxiety and avoidance).

Hypothesis 7: There is a negative correlation between child secure attachment style and staff attachment style (anxiety and avoidance).

Hypothesis 8: There is a positive correlation between staff attachment style (anxiety and avoidance) and child problems (SDQ).

Hypothesis 9: There is a positive correlation between staff attachment style (anxiety and avoidance) and staff burnout (MBI).

Hypothesis 10: There is a positive correlation between staff attachment style (anxiety and avoidance) and staff general distress (GHQ).

Hypothesis 11: There is a positive correlation between child behaviour problems (SDQ) and staff burnout (MBI).

Hypothesis 12: There is a positive correlation between child behaviour problems (SDQ) and staff general distress (GHQ).

Hypothesis 13: There is a positive correlation between child insecure attachment style and staff distress (GHQ and burnout).

Hypothesis 14: Staff attachment will moderate the effects of child security (IV) on child's behaviour problems (SDQ).

Hypothesis 15: Staff attachment style will moderate the effects of child avoidance (IV) on the SDQ.

Hypothesis 16: Staff attachment style will moderate the effects of child ambivalence (IV) on the SDQ.

Hypothesis 17: Staff GHQ moderates the effects of children's attachment style (IV) on the SDQ.

Hypothesis 18: Staff MBI moderates the effects of child attachment style (IV) on the SDQ.

Hypothesis 19: Staff attachment style moderates the effects of GHQ (IV) on the SDQ.

Hypothesis 20: Child security moderates the effect of staff attachment (IV) on the MBI.

Hypothesis 21: Child avoidance moderates the effect of staff attachment (IV) on the MBI.

Hypothesis 22: Child ambivalence moderates the effect of staff attachment (IV) on the MBI.

Hypothesis 23: Staff attachment moderates the effect of the child's SDQ (IV) on the MBI.

Hypothesis 24: Staff attachment moderates the effect of the MBI (IV) on the SDQ.

3.8 Measures

In study II six questionnaires were administered – three for children and three for staff.

Of these questionnaires three had not been used with a Saudi sample before and therefore a translation was conducted (see Tables 1 and 2).

Table 3-1 Questionnaires for children.

Children's questionnaires	References	Number of items	Likert scale	Sub scales	Language Availability
The Strengths and Difficulties Questionnaire (SDQ)	(Goodman, 1997)	25 items	4-point	1). Emotional symptoms 2). Conduct problems hyperactivity/inattention 3). Peer relationship problems 4). Prosocial behaviour (5 items for each subscale)	Arabic Language Version already existed
Coping Strategies Questionnaire (CSQ)	Kerns et al., 2000)	20-items	4-point	1). Preoccupied or ambivalent attachment 2). Avoidant attachment (10 items for each subscale)	Never used before in Arabic Translated by the researcher
Security Scale (SEC)	Harter (1982).	15-items	4-point	Perception of attachment security to their mother.	Never used before in Arabic Translated by the researcher

3.8.1.1 Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (Goodman, 1997), measures child emotional and behavioural problems using scales, which include pro-social, hyperactivity, emotional symptoms, conduct problems and peer problems. This questionnaire was completed by the main carer. The questionnaire has been translated and validated in Arabic (Alyahri & Goodman, 2006). Previously, the 30-item SDQ has been extensively used in studies involving Arabic populations (Alyahri & Goodman, 2006). In their study of 5-12-year-old Yemeni children

they discovered that the “brevity of the SDQ made (this tool) feasible for use in countries where there is a severe shortage of skilled manpower” (Alyahri & Goodman, 2006 p. ix). The Arabic version has been translated into 60 languages (Alyahri & Goodman, 2006), as it is brief, relatively inexpensive and user friendly. The original English version was translated and back-translated to “...ensure fidelity of the original English version.” p.141. This is the version which was used in this study. The use of the Arabic version with 6 Rutter scales made it possible to categorise the children’s psychopathological conditions. The SDQ (Arabic version) worked well with all the participants, seeing that it was in a familiar language, whilst the straightforward translation to Arabic used language that is culturally contextual without undermining the original English version.

3.8.1.2 Security Scale

This questionnaire is designed to collect data that reveals a child’s views of security in an adult-child relationship. The items investigate (a) children’s ability to open up and sharing any concerns or otherwise, with the attachment figure, (b) the extent to which the child feels a parent/carer is responsive to their needs, and (c) the child’s propensity to depend on the significant adult in times of stress and upset. Children were asked to complete the 15 items questionnaire rated on a 4-point scale using a “Really true...sort of true....” Format, as prescribed in the Harter Scale (1982). The Harter Scale (1982) uses “Some kids ... other kids”. For example, “Some kids do not really like telling their caregiver what they are thinking or feeling, but other kids do like telling their caregiver what they are thinking or feeling.” (See Appendix 3.12 for the detailed items). The translation and back translation processes by the research team (researcher, student and professor) ensured that the final instrument was the best choice for the target audience.

3.8.1.3 Coping Strategies Questionnaire

The Coping Strategies Questionnaire (CSQ) is a self-reporting instrument that illustrates favourable psychosomatic properties in pre-adolescence by assessing the use of pre-occupied and avoidant strategies in relation to the adult-child relationship (Finnegan et al., 1996; Kerns et al., 2000; Kerns et al., 2006; Kerns et al., 2011). This research tool is composed of 20 items, 10 of which assess coping ambivalence strategies, while the other 10 assess coping avoidance strategies. The validity of this questionnaire was translated into Arabic by the translation team by means of back translation. To the best of the researcher's knowledge there is no Arabic version that exists. This was achieved through back translation (see the translation section 8.13 for more details).

Table 3-2 Staff questionnaires

Staff questionnaires	References	Number of items	Likert scale	Sub-scales	Language Availability
Experiences in Close Relationships Questionnaire Revised (ECR)	(Fraley et al., 2000).	36-items	7-point	1). The attachment-related anxiety scale. 2). The attachment-related avoidance scale. (18 items for each subscale)	Translated by the research team using a professional team
The General Health Questionnaire (GHQ)	(Goldberg et al., 1997).	12-items	4-point	One scale uses to identify common psychiatric conditions.	Arabic Language Version existed
Maslach Burnout Inventory (MBI)	(Maslach, et al., 1996)	22 items	7-point	1). Emotional exhaustion (EE). 2). Depersonalization (DP). 3). Personal accomplishment (PA).	Arabic Language Version existed

3.8.2 Experiences in Close Relationships Questionnaire Revised

The ECR (Brennan et al., 1998) was used to measure adult attachment. The ECR is a self-reporting instrument which contains 36 items. A 7 point Likert scale for level of agreement is used by respondents, whereby Point 4 is denoted as neutral. Nine of the 36 items are reverse keyed. The respondents indicated a rating of how appropriately each statement describes personal feelings in their romantic relationships. Brennan et al. (1998) found two orthogonal continuous attachment dimensions which were labelled as Avoidance and Anxiety, of 18 items each. This questionnaire was translated into Arabic by the translation team via back translation (see translation section for more details). To the best of the researcher's knowledge, no Arabic version exists. This was achieved by way of back translation (see the translation section for more details) (see Appendices enclosed at the end of this thesis. Appendix 3.4).

3.8.3 Maslach Burnout Inventory

The Maslach Burnout Inventory (Maslach, et al., 1996) measures staff burnout by way of measuring emotional exhaustion, depersonalisation as well as personal accomplishments using statements concerning job-related feelings. This question was completed by staff and has been translated and validated in Arabic (Sabbah et al., 2012; Al Rahbi, 2011). The Arabic version has been used extensively in studying Arabic speaking populations. Sabbah et al. (2012) sampled 200 Lebanese nurses, with the results indicated reliability in all scales. Tests for validity in this research and analysis of the psychometric characteristics of the Arabic questionnaire were undertaken with enthusiasm. The mean and standard deviation for responses to each item and scale were calculated" (p 645), after which tests for internal consistency were used to assess reliability. The researcher adopted the available Arabic version without making any amendments, given that the piloting of the questionnaire proved to work well with the chosen population. Likewise, Al Rahbi (2011), tested and confirmed the reliability of the instrument by investigating internal consistency. For validity, Al Rahbi,

investigated both face and construct aspects. At face value, referees of the paper were asked for their opinions and consequently, they considered the instrument valid for Arabic speaking populations. In addition, construct validity results were positive.

The MBI is concerned with measuring emotional exhaustion, feelings of being emotionally overextended and being exhausted by work. The MBI is also concerned with depersonalisation, which is a measure of an impersonal response to those being cared for. Personal accomplishment is the third aspect and it is a measure of feelings of competence and achievement. Iwanicki & Schwab (1981) and Gold (1984) conducted studies to determine the reliability which included internal reliability and the three-factor structure. Schwab (1981) reported Cronbach alpha ratings of 0.90 for emotional exhaustion, and 0.76 for personal accomplishment and 0.76 for depersonalisation; similar reliability was also reported by Gold (1984).

3.8.4 General Health Questionnaire – 12

The General Health Questionnaire (GHQ-12) is a screening instrument to identify psychological distress among adults: The self-administered General Health Questionnaire (GHQ) is extensively used both internationally and locally, as a screening tool for the detection of Social and Emotional Dysfunction, Psychological Distress and Cognitive Disorders. A translated shortened version of the GHQ, specifically the GHQ-12, was employed in the present study. This is because the validity is high and not influenced by age, gender or education level (Goldberg et al., 1997) . However, in some circumstances the GHQ-12 was only used as a screening tool to assess psychological distress amongst respondents when the actual interviews were conducted, if the researcher thought that the person behaves as if he/she suffered from a mental illness. In other words, using this tool was not compulsory for all the participants.

The Arabic version of GHQ-12 has proved to be a reliable and valid screening tool in Arabic regions (Daradkeh et al., 2001). Therefore, as a researcher the researcher of this study adopted and used the Arabic version of GHQ-12 whenever it was required. The Likert scoring method provides a score that ranges from between 0 and 36 and for interpretation purposes can be broken down to five categories. A score of between 1 and 10 shows 'low psychological distress'; 11 - 12 shows 'typical'; 13 - 15 is for 'more than typical'; 16 - 20 shows 'evidence of psychological distress'; and a score of more than 20 shows 'severe' (Goldberg et al. 1997).

3.8.5 Translation and Back Translation of Questionnaires

Three questionnaires (Security Scale, Coping Strategies, and Experiences in Close Relationships Questionnaire) required translation into Arabic. This was achieved by means of back translation. This process involved several stages, as follows: A) The forward translation was undertaken by assigning two expert translators (T1 and T2), whom translated all three documents from the original language (English) into the target language (Arabic) individually; B) The synthesis process was conducted by reconciliation of the two translated copies produced by the translators (T1 and T2). To do this, a meeting was held between the two legal translators and the researcher. The outcome of the reconciliation questionnaire was sent to the third translator (T3) for back translation; (C) As the researcher received the copy which had been back-translated, the researcher sought a new meeting that involved all three translators to undertake a professional review of the researcher's translated work and compare the original English version with the back translated English version, this involved identifying and discrepancies between the two. Thus, the outcome of the meeting was that an understanding was obtained of the final translated version of the three questionnaires.

During the translation process the researcher considered cultural differences in expressions and content. Competent professional bilingual translators were engaged in the complete process. The translation and back translation procedures were informed by Brislin (1970), to

ensure validity and relevance to the chosen study sample. The translators also checked similarity of concepts in both languages, “term experience” (Beaton et al., 2000; Brislin, 1970). It was imperative to seek permission from authors and publishers of the questionnaires. The native Arabic speakers who were involved in the translation process have practical psychology experience and are conversant with social issues affecting institutionalised orphans and other disadvantaged children. The principal aim was to ensure that instruments were meaningful in from a Saudi cultural context and using familiar words. For example, a few scales had words that do not make sense to Saudis like referring to cinema, or culturally irrelevant like referring to female carers driving cars.

The quality of the back translated translations was cross-checked by another professional. At the final stage, the Arabic adaptations were presented to native Arabic linguists at Princess Noura University in the Department of Psychology. The English back translations were also given to Professor Noha Mellor in Bedfordshire University , an Arabic-English bilingual expert in the Media Studies department to qualitatively analyse and compare with the original scales. Comments and reviews from this reviewer were considered before the final version was concluded. It should be noted that the translation method may have flaws. Sousa and Rojjanasrirat (2011), encourage a comprehensive and rigorous process to ensure the validity of results and close reflection of cultural adaptations.

The translation from the English to Arabic and the back translation to English was reviewed and overall, there was little discrepancy between the original English version of the questionnaires and the back translation versions which validated the Arabic translation. However, some discrepancies were found. For example, for item 8 of the Security scales questionnaire the original English contained the word ‘worry’, but the back translation gave the word ‘upset’ and it was commented on by the reviewers that these two words did not have the same meaning and that such a difference could influence the participant’s responses. Any of these discrepancies that arose were subsequently amended by the researcher. The back translation procedure is illustrated in figure 1.2.

3.8.6 The validity of the translated scales.

The face or content validity of the translated scales can be supported by the thorough translation procedures followed. Also convergent validity and predictive validity can be supported by the theoretically meaningful association of these scales with other scales used in this study that had already been validated in an Arabic sample. The correlations found between the childhood attachment scales and SDQ support the convergent and predictive validity of those scales. The correlations between the ECRQ on the one hand and the MBI and GHQ-12 on the other, also suggest convergent and predictive validity for the attachment measure.

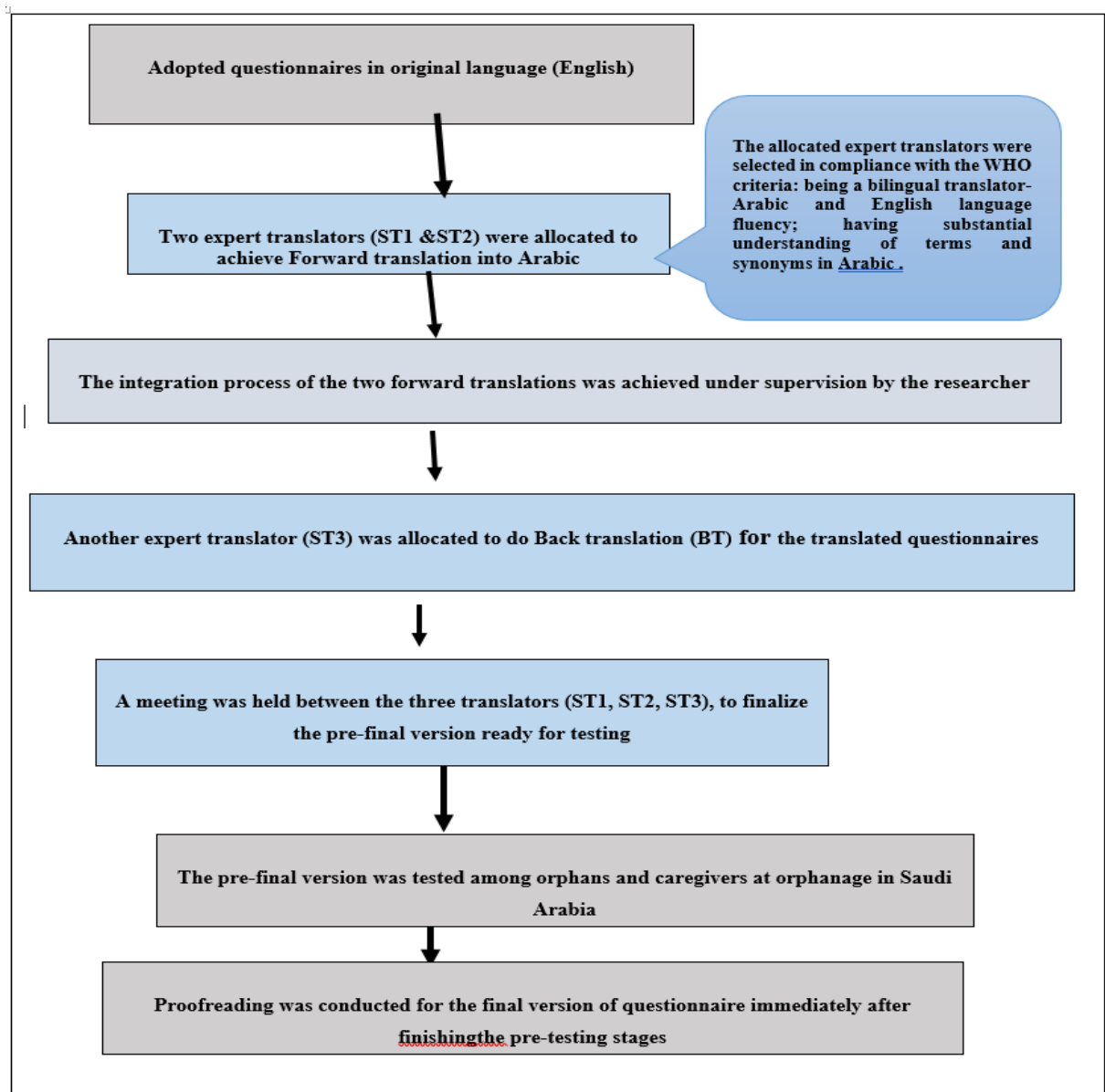


Figure 3-2 Flow diagram of back translation process

3.8.7 The use of self-reports and observed measures

Previous research using self-reports has considered its limitations (Goode, 2001). There is no doubt that self-reports are appropriate but researchers should consider **when** and **how** they can best be used (Cunningham, Preacher and Banaji, 2001). There is considerable evidence on the successful of the adjective scales that have been used in the research on bipolar disorders (King, King and Klockars, 1983). Bartoshuk et al (2002) argue that use of self-reports like adjective scales are most suitable for measuring some personality traits like bipolar

conditions. However, there is some argument that use of some self-reports can be a “dreadful mistake” but these mistakes can be prevented with precautions (Goode, 2001). Cunningham, Preacher and Banaji, (2001) highlight the possibility of subjectivity in self reporting because this method is used for data that may need people to comment on internal experiences, for example, the word “happy” may mean have different meanings for a peasant and a suburban millionaire. Bartshuk (200) stresses that this method is valuable because some research focuses on subjective theories about their situations hence this method can be used where researchers want to study people’s personal views or feelings about a situation or event. Bartoshuk (2002) further argues that randomisation can validate the use of adjective rating scales. Self-reporting and observed measures have been used in research exploring the health risks of sedentary and physical lifestyles (Morales et al, 2012). It was concluded that self-reports in similar studies can underestimate the potential health risks faced by participants hence observed measures are preferred.

3.9 Observed attachment vs self reports

The Strange situation was a ground breaking study (Ainsworth & Bell, 1970) on observing attachment patterns of young children between 12 and 18 months old. Children around this stage of development show visible signs of distress when separated from the attachment figure, unlike older children who have more controlled reactions (Ainsworth, 1979). This sensitive to separation made that age very appropriate to measure attachment pattern behaviourally. However, the behavioural assessment of children, as in the Strange Situation, is not appropriate for older children who although insecure, they will not exhibit separation distress, ambivalence, or avoidance in readily visible ways. As a response to that, self-report like the Security Scale and the Coping Strategies Questionnaires were developed and this is why these measures were used in the present study.

3.10 Data analysis rationale

The main methods of data analysis in this study were correlation analysis, used to confirm relationships between quantitative variables, and hierarchical regression, used to test a number of moderation hypotheses. According to Baron and Kenny (1986, p. 1174): “a moderator is a qualitative (e.g., sex, race, class) or quantitative (e.g., level of reward) variable that affects the direction and/or strength of the relation between an independent or predictor

variable and a dependent or criterion variable”. However, moderator variables do not explain when or why the relationships between the predictor and criterion variables would be held. Such explanations can be provided by the mediator variable, this is why a third study was conducted utilising longitudinal data.

3.11 Study III : The mediation effects of child attachment style

3.11.1 Aims and Objectives

The aim of the study was to investigate if there is a causal link between keyworker’s attachment style, child’s attachment style, and child’s behavioural problems. This link has been confirmed in the literature but in relation to parents (Main et al., 1985; Cassidy et al., 2013), while there is a gap in relation to orphan-keyworker attachment. To confirm this link a mediational approach was used utilising longitudinal data – that is, the data used in Study II (at Time 1) and a new set of data collected after a year (at Time 2). The following hypotheses were tested:

3.11.2 Research hypotheses

Hypothesis 1: Staff attachment at time 1 will have an effect on child attachment at time 2, which in turn will influence child behaviour (SDQ) at time 2.

Hypothesis 2: Staff burnout at time 1 will influence child security at time 2, which in turn will have an effect on child behaviour (SDQ) at time 2.

Hypothesis 3: Staff burnout at time 1 will influence child avoidance at time 2, which in turn will have an effect on child behaviour (SDQ) at time 2.

Hypothesis 4: Staff burnout at time 1 will influence child ambivalence at time 2, which in turn will have an effect on child behaviour (SDQ) at time 2.

Hypothesis 5: General distress of Staff (GHQ-12) at time 1 will have an effect on child attachment style at time 2, which in turn will influence child behaviour (SDQ) at time 2.

3.11.3 Measures

All measures used in Study 2.

3.11.4 Data analysis rationale

Mediation analysis can address the question of why the relationships between the predictor and criterion variables would be held. Dwelling on the difference between the moderator variable, Baron and Kenny (1986, p. 1176) presented it in this way: “In general, a given variable may be said to function as a mediator to the extent that it accounts for the relation between the predictor and the criterion. Mediators explain how external physical events take on internal psychological significance. Whereas moderator variables specify when certain effects will hold, mediators speak to how or why such effects occur”.

3.12 Summary

In this brief chapter the research process used was presented, the epistemological stance was argued, pragmatism was justified, and the rationale for using a sequential exploratory mixed method was justified regarding this study. The chapter also provided an overview of the research questions and hypotheses of the three empirical studies in addition to the questionnaires and the verification of their validity.

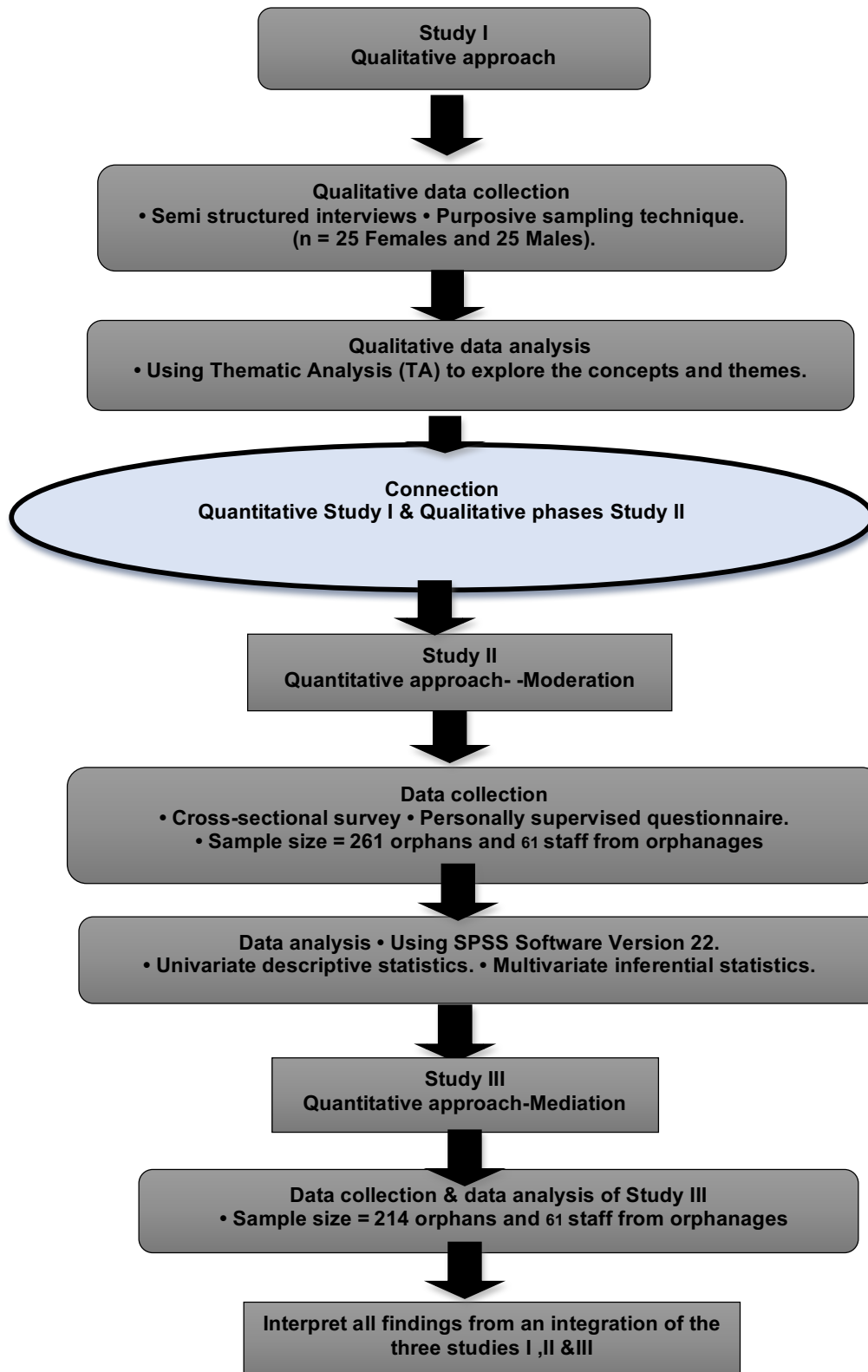


Figure 3-3 Visual model for mixed-methods design

Chapter Four Study I: Provisions and challenges of residential care staff

4.1 Introduction

Pragmatism is the research philosophy that was adopted in this study, together with inductive and deductive approaches. The research strategy was a sequential exploratory mixed-methods design, employing a semi-structured interview for the qualitative component of the research and a survey questionnaire for the quantitative component. The following sections discuss in detail the themes which constitute the results of the qualitative study.

In this chapter, I discuss the methodological approach and research design of the qualitative study, which constitutes the first phase of this mixed-methods study. Specifically, I explain and justify the sampling technique used, namely, convenience sampling, the thematic analytic method used, and will consider ethical issues. The data collection method used, the semi-structured interview was presented in the previous chapter. The chapter also presents the themes derived from the semi-structured interviews with orphanage keyworkers and the validity and reliability of the analysis are addressed.

4.2 Methodology

4.2.1 Design

This was an interview-based qualitative study, analysed using the method of thematic analysis.

4.2.2 Participants

Potential interviewees had to meet a number of criteria. First, they had to be currently (at the time of the study) working at an orphanage in Saudi Arabia, and should have had at least five years of working experience at an orphanage. There is a consensus among scholars that

employees have experience in a particular field and therefore qualify as participants based on their expert knowledge and experience within that field (Perera, 2005; Wu & Patel, 2015). Second, the participants should be able to speak the Arabic language which is the most common language in Saudi Arabia, and the first language of nearly all Saudi Arabia.

Based on the inclusion criteria above, potential participants were excluded if they only speak a language other than Arabic. Moreover, participants were excluded if they have only recently joined or been re-allocated to an orphanage institution because they may lack knowledge of the topic under study.

4.2.3 Sampling

There are two main sampling techniques: probability sampling and non-probability sampling, used mainly in quantitative and qualitative research respectively. In probability sampling, participants are selected so as to be representative of the population, while in non-probability sampling, the resulting sample is not truly representative; it could therefore be less desirable than probability sampling. Non-probability sampling methods can in turn be classified into three broad methods: accidental sampling; purposive sampling; and theoretical sampling (Bryman, 2012; Creswell, 2013). Non-probability sampling moreover comes in many forms including: convenience, haphazard, purposive/subjective, expert, quota, volunteer, extensive, snowball and judgement sampling. Purposive sampling, on the other hand, encompasses the following dimensions: expert, total population, critical case, criterion, snowball, homogenous, maximum variation, and extreme case sampling (Bryman, 2012; Creswell, 2013; Tuckett, 2004).

The number of interviewees to be recruited in qualitative research has been raised as a controversial issue among researchers and methodologies. To the question 'How many interviews are enough to conduct a valid piece of qualitative research?', some scholars suggest using a saturation point which entails collecting data until consistent information is

being collected, that is, the saturation point is reached (Baker & Edwards, 2012). This was the method followed by the researcher in the present study.

4.2.4 Convenience sampling

Convenience sampling is quick and easy, making it the most common sampling method used. It is also resource-efficient because it utilises a sample that is easily accessible to the researcher (Bryman, 2012; Oppong, 2013; Trochim, 2006). In pilot studies, where questions are tested to assess the preliminary results, convenience samples are used before the researcher finalises the sample design (Bryman, 2012; Tuckett, 2004). In research, it can sometimes be challenging to gather creditable data using probability sampling or in cases where complex procedures exist for accessing population lists (Bryman, 2012; Oppong, 2013; Trochim, 2006; Tuckett, 2004).

However, convenience sampling has a number of disadvantages, its main demerit being bias-related. The selection of a sample using this technique may not be representative of the whole population due to an unknown sampling frame. Furthermore, it is possible for the researcher to overlook a large section of the population being studied (Bryman, 2012; Creswell, 2013; Tuckett, 2004). In this case, the studied population may either be under- or over-represented, leading to researcher bias. According to Bryman (2012) and Tuckett (2004), bias impedes generalisation about the studied population, hence findings can be misleading and lack external validity (Creswell, 2013). However, despite these constraints, the technique is more workable than other sampling techniques (Bryman, 2012).

4.2.5 Recruitment of participants

The present study involved interviewing 50 participants, comprising 25 women and 25 men. Participants in age ranged from early 30s to over 60 years old. All of them were directly involved in the day-to-day care of orphans at the three institutions, which were located in Al-Riyadh, because it is the capital of Saudi Arabia as well my home city. I am therefore, familiar

with the institutions for orphans, compared to those in other cities. All participants were salaried workers, paid by the Ministry of Social Affairs (MSA). Subsequent to securing ethical approval, I commenced the recruitment of participants using the pragmatic approach, in the absence of documented scientific resources.

The three settings selected for the interviews and recruiting interviewees for the qualitative data located in Riyadh included an orphanage for girls only, one for boys only, and the third was mixed gender. All of the participants willingly agreed to being interviewed. Sampling was a result of a directive from orphanage management.

4.3 Procedure

Permission was obtained from the Ministry of Social Affairs (MSA) in Saudi Arabia; the researcher wrote a letter of request to her employer, the University of Shagrah, KSA, who then sought permission from the Ministry. When this was granted, the Ministry's letter of permission was sent to the orphanages who then informed the researcher. A male research assistant dealt with the requests for the male department within the Ministry while the (female) researcher dealt with the Women's Supervision Office within the Ministry.

Some interviews were not as effective as expected because being a female researcher in a conservative society, conducting interviews at night imposed time constraints. Female participants were interviewed face-to-face while male participants were interviewed over the phone. This is in line with Saudi cultural expectations of gender relations. The interviews were pre-arranged and all participants managed to attend the interviews, even though the data collection process took longer than planned. This was because some participants kept postponing their dates. The interviews were carried out in a pre-booked room within the institution.

Interviews were conducted in Arabic, after which they were sent to the Centre for Translation Studies for professional translation. This enabled a professional and time-saving process.

Also, experienced bilingual linguists with many years of experience were involved in the translation and back-translation process. Professional translation abides by strict regulations of upholding the confidentiality of the data and safeguarding sensitive public information, evidenced by the signing of the Non-Disclosure Agreement between the Centre and the researcher (Bryman, 2012). However, a researcher who engages these services may be criticised for lacking adequate linguistics skills. On the other hand, the researcher transcribed all of the data. This allowed for deeper understanding of the phenomena being studied and hence the researcher was completely immersed in data (Boyatzis, 1998). Although it was time-consuming (Bryman, 2012), the researcher got attached to the data and therefore found it easy to notice emerging themes and the similarities and differences in the participants' experiences of caring for orphans.

Having a male research assistant to interview the male participants was a choice informed by cultural expectations. However, this could pose limitations on the data in that, unlike the researcher who has a vested interest in the topic and has studied it in depth, it is possible that the assistant may have missed some vital information while collecting data (Denscombe, 2008) from male participants; for example, observation of body language, facial expressions and the institutional environment. Therefore special care had to be taken in ensuring that the research assistant was well briefed beforehand (Cohen et al., 2007). Furthermore, during the interviews the male assistant researcher was able to contact the main researcher by telephone at any time in order to have questions clarified or for any other issues. This was necessary because the male and female orphanages are in separate premises, even where the orphanage is considered mixed gender, there are two different premises for each gender within the same compound.

The researcher took photographs from inside the orphanages to get an idea about the environment that the children live. The photographs showed that the children were catered for very well in terms of material provision (see appendix 4.1).

4.4 Ethical considerations

Permission was obtained from the following relevant organisations: Bedfordshire University, UK (Appendix 2.3), Shaqra University, KSA (Appendix 2.3), Ministry of Social Affairs (Appendix 2.3), and from adult participants individually in writing after information was provided in writing (Appendix 2.2). Children provided assent (Appendix 2.2). As the semi-structured interview was being used to gather information that is potentially sensitive or distressing, especially as the study involves children, a DBS check was applied for, even though data were collected from outside the UK, in order to obtain approval to interview children in Saudi Arabia. The collected data was kept securely under lock and key.

All participants were assured that their details would be kept confidential. They were made aware of the research objectives, and they gave their informed consent. The real names of the participants were not used and all taking part were given an opportunity to withdraw at any point of the research, if they so wished, without feeling obliged to continue. The participants in this study were also assured of their anonymity through the assurance that the researcher would avoid any identifying information in the reporting of the data and findings. Because the researcher recorded the interviews before transcribing, the interviews were accessible to others for a certain period of time and it was therefore necessary to keep the audio recording secure during this period (Matthews & Ross, 2010).

Strict gender relations were observed by using the telephone to interview male participants and employing the services of a male research assistant to mediate between researcher and participant, where required. Ramadan is one of the pillars of Islam, hence it was significant for the researcher to respect the participants, and arrange for more suitable times to collect data.

4.5 Analysis of the data

Thematic analysis was employed in this study. Bryman (2012) and Creswell (2013) propose an approach to thematic analysis that includes six phases, as follows:

1. Familiarisation with the data where the data is read and re-read so as to become familiar and intimate with the data.
2. Generate initial codes: This involves generating codes that reveal important ideas in the data that could be relevant to the research question. The entire dataset is coded and codes are then collated for later analysis.
3. Search for themes: the codes and collated data are examined in order to identify significant patterns of meaning which could potentially be themes. Data is then collated according to themes so it can be reviewed to determine the viability of each theme.
4. Review of themes: Themes are checked against the dataset in order to find out if they reveal convincing ideas from the data, and, importantly, if they answer the research questions. During this phase, the themes are refined, which may require that themes are split, combined, or discarded.
5. Define and name themes: This involves the development of a detailed analysis of each theme, determining the focus and scope of the themes, as well as their 'story'. Moreover, during this phase an informative name for each theme is decided upon.
6. Produce the report: This phase involves building the analytic narrative and data extracts, and contextualising the results of the analysis in relation to current relevant literature.

Although these phases take place chronologically, analysis is usually a recursive process, whereby the research moves back and forth between the different phases.

As this study is first of its kind in analysing staff views about orphanages in Saudi Arabia, so the data obtained from the participants of the study are expected to provide deep insight into staff perceptions of orphanages in specific cultural conditions. The researcher remained open to all possibilities emerging from the data, which is the essence of the approach termed data-

driven thematic analysis (Gibbs, 2002). Therefore, data-driven thematic analysis was used to generate the main findings of this study. This helped in generating the theories, which were to be grounded in the data.

The first part of the analysis involved familiarisation with the data. This involved the reading and re-reading of the transcripts, looking for anything that stood out and was relevant to the research (King & Horrocks, 2010), to generate initial codes (Lewins, Taylor & Gibbs, 2005). In following the data-driven thematic analysis, this reading and re-reading of the interview transcripts was used to collect the ideas and codes that were repeated or which recurred in the data. After comparison of the codes, the relationships between codes were determined, and similar codes were grouped under themes. The developed themes were compared, and relationships between them were determined. The similar themes were then further categorised into broader themes or categories. The interpretation of these themes formed the basis of the main findings of this study. A detailed description of coding and theme-formation – both critical steps of the thematic analysis – is given below.

4.6 Findings

4.6.1 Background information on institutional processes

Before the main thematic analysis of the data started, important factual information about the institutions' processes was identified and recorded separately. Such pieces of text could not really be considered as perceptions or world view of staff and therefore they were classified into themes. However, they contained important information about how the institutions worked.

The interviews revealed that the Ministry and other institutions are key elements in shaping staff behaviour, support for orphans and the development of relationships between the staff and the orphans. The administrators make the rules, check their implementation and keep track of staff adherence to the rules. The respondents of the study expressed their views about the type of administration and organisations involved in the administration of the orphanages

in Saudi Arabia. Respondents commented that there are different types of orphanages, and administration is dependent on the type of orphanage. The structure of administration involves multiple organisations aiding the work of the Ministry of Social Affairs. An example of an organisation that is involved in the overall administration of the orphans is the hospital, as one of the respondents commented:

“... when the children are at infant age, and hospital administration finds them without any parents, they refer the cases to the nearest orphanages, and, usually, the nursery orphans are reserved for nursing the infants and they bring them up”. [P11]

This comment shows that there are hospitals which serve as a source of orphans and are involved in the overall administration and provision. Prisons were also reported by the respondents to be sources which refer the children without known parentage to the orphanages. The Ministry of Social Affairs is responsible for admitting these children to the nursery orphanages. The nursery orphanages have all the facilities to take care of infants such as cradles and breast-feeding services, and the carers are specialised in giving care to the orphans in their infancy. The provision of all the facilities is administrated by the MSA. Thus, the Ministry is the main administrative agency for managing the affairs and provisions of orphanages countrywide.

With respect to general information about orphans, there was evidence of consensus among the majority of interviewees that different types of orphans exist. Specifically, there are children with deceased parents and children who have been physically abused and abandoned by their families. In fact, the Ministry of Social Affairs removes abused and abandoned children from their families and admits them to the orphanages. However, the highest proportion of children was from illegitimate relationships, specifically, from extra-marital affairs. One example is those from women in prison, as the following statement illustrates:

“Some of the children we have are from female prison houses when a woman gives birth to their illegal children. These children are handed over to the Ministry of Social Affairs. It is the Ministry of Social Affairs which admits them to one of the orphanages in the area”. [P17]

Such children are termed illegitimate children in Saudi society, and respondents said that they are considered “bastards” by Saudi society and are therefore not afforded respect.

Another type of orphan that was described by many of the interviewees was those children of religious pilgrims from outside the country, most of whom were abandoned during the Hajj pilgrimage. Pilgrims often leave their illegitimate children near hospitals and mosques. However, a small proportion of the children come from poor parents who cannot afford their upbringing and they give their children to the Ministry of Social Affairs (MSA) which admits them to the orphanages.

There was agreement in the views of the interviewees that there are different types of orphanages, depending on the age and culture of the orphanages. The orphanages that receive only infants were termed as nursery orphanages. One of the respondents revealed that nursery respondents are reserved only for the infants. These comments support the stance of Respondent P7, quoted above. However, respondents of this study mentioned that there are orphanages which accept infants and other orphans of different age groups.

“The orphanages which accept the orphans of different ages including infants are termed as villa family orphanages. They are mostly located in town suburbs and villages. They have quite extensive facilities in fulfilling the needs of orphans of different age groups”. [P12]

Similar comments were recorded from several other respondents, indicating that ‘villa al Rabwa’ orphanages, which are mixed-age orphanages, are quite prevalent in Riyadh. Furthermore, there are separate orphanages for males and females. This segregation stems

from the culture of Saudi Arabia, which promotes the separation of male and female sexes. All of the respondents agreed to this finding and indicated that orphanages are more common in the big cities where there is a multicultural and multilingual population such as Riyadh, Jeddah and Damam. These findings clearly demonstrate that there are different types of orphanages including nursery homes, villa family orphanages and separate care homes for boys and girls.

4.7 Generating themes and formulating theme coding

The coding process was achieved by the researcher through three phases: the first phase involved searching and coding for the most elementary themes relating to all aspects of care provided to the children and challenges to that care; the second phase involved refining and reducing these codes into broader themes; and the final phase involved further theme reduction and identification of super-arching themes (see Table 3). The researcher identified the themes by making sense of the responses to the interview question by the orphanage staff. For example, many participants in the study showed ignorance about paediatric depression. Some respondents had no knowledge at all while some barely understood paediatric depression or thought depression was a condition for adults only. Therefore, themes emerging in relation to these ideas were 'lack of knowledge of depression' or 'indifference to depression'. However, to winnow down the themes, the researcher considered the wider picture. For example, 'lack of training' was categorised under 'Staff Needs' which was established as a main theme.

The researcher immersed herself in the data, highlighting key words and phrases with different colour pens and underlining key phrases from participants. The researcher looked for repetition, although generally spoken language is repetitive. For a researcher, information that tends to recur in participants' responses signifies the centrality of their views and the embodiment of their circumstances. To provide an example from the data: all participants were quick to point out the poor discipline that exists among orphans and to stress that their main

job was to ensure that the children learnt how to behave appropriately at the institutions and in the community. This repetition underscores the theme of ‘Social Skills Development’.

The generated codes, as described above, were then sorted into patterns using axial coding. There are two categories of axial coding, namely, non-hierarchical (flat) and hierarchical. The researcher adopted the former by grouping all responses from each question and identifying similar responses, assigning a code and then classifying these into a chosen theme (see Table 3 below). Ten predominant themes emerged from the responses of the 50 interviewees.

Table 4-1 Classifying Main Themes, Sub-themes and Sub-sub-themes

Phase 1 Codes	Phase 2 Sub-themes	Phase 3 Main themes
Ministry helps fund the construction of new orphanages and rebuild the old ones.	Positive provisions of the Ministry’s administration and related institutions (mosques, hospitals).	Provisions of governmental institutions
Ministry provides all necessities to orphanages.		
Imams persuade people to make donations and adopt orphaned children.		
Hospitals across Saudi provide free health services.		
Medical support officers.		
Orphanage managers.	Negative provisions of the Ministry’s administration and related institutions (mosques, hospitals).	
Orphans not provided with a supportive environment.		
The orphans not provided with socialisation opportunities within the community.		
No adequate monitoring regulations in place to monitor the behaviour of staff and orphans.		
Basic supplies such as clothing.	Basic provisions to the children	Staff make material provisions

Other items such as televisions, radios, books, electronics.	School necessities	
Medical supplies, including first aid kits, vitamins.		
School supplies such as notebooks, pens, pencil sets, and backpacks.		
Basic home essentials Light bulbs, cleaning supplies, beds, blankets and sheets.		
Quran teaching, Hadith teachings, Quran remembrance.	Staff provide religious learning.	Staff provide education
Academics competitions.	Staff provide worldly education.	
Maths, English language.		
School certificates from state schools, exams, prizes.		
State curricula for schools and degree classes.		
Receive help in their homework		
School buses pick up and drop off		
Take part in school activities.		
Children are happy to go to school.		
Support from welfare officers at school.		
Support at school.		
Education supervisors.	Development of academic skills.	
Development of academic skills.		
Oral presentations.		
Volunteers activities to teach them social skills; engage them with the external world; provide information about their parentage.	Development of social skills.	Staff support children's social development and integration
Staff told children about their parents at age 3-6		

Activities affect their social perception.		
Activities help them with their Inferiority complex.		
Activities help them with feelings of lack of love.		
Learn how to play games.		
Children are asked about their game preferences.		
Arranging coaching and monitoring.		
Children are taken to shopping trips.		
Picnic/camping		
Outdoor/indoor activities, board games.		
Boys football activities.		
Are provided with modern technologies.		
Knitting, sewing, ironing.		
Cooking, gardening.		
Staff select foster carers (age, skin colour).	Staff responsible for socially appropriate foster carers.	
Staff arrange transportation to/from the carers' homes.		
Staff assist transportation by foster families' cars		
Feedback is sought from children and foster carers about visits	Staff monitor safety and well-being of children during foster carers' visits.	Staff facilitate fostering opportunities.
An orphans fostering survey is administered.		
Discipline training for children before gaining foster parents.		
Strict sleeping timing while at the foster home (8-9pm).	Preparing orphans for fostering visits.	
People don't mix with orphans.		
Children are treated as outcast	Community has a negative bias towards orphans.	Community's attitudes towards orphans
Orphans are treated as second class citizens		

Very difficult for orphans to get married.		
They do not belong to any tribe		
Orphans are stereotyped and labelled		
More feelings of sympathy and pity rather than love and affection for orphans.	Some positive feelings in community.	
Staff organise World Orphan Day to promote awareness about orphans and their problems	A large awareness event	
Event attracts worldwide attention		
Event attracts donations		
Boys are physically aggressive.	Externalising problems.	Children have behavioural problems.
Girls are verbally abusive.		
Children often fighting with staff.		
Some bully other orphans.		
Some steal food.		
Some self-harm.	Internalising problems.	
They are shy and introvert		
Girls are more shy than boys.		
They are maladjusted at school.	Children with disabilities.	
Children with disabilities face psychological issues Children with disabilities face problems in learning		
Staff are responsible for children's problems		
Foster carers are responsible	Reasons for behavioural issues.	
Bad relations between the children are responsible.		
Staff give gifts.	Staff rewards good behaviour.	Interventions for orphans' behavioural problems.
Staff offer money.		

They allow extra shopping trips.		
Take children out to eat.		
Don't take them shopping.		
Stop evening meals.	Staff punish bad behaviours.	
Thrashing in extreme cases.		
Religious programmes on good manners.		
Children receive lectures on their behaviour.	Educational interventions by experts.	
Receive advise on how to be good child.		
Children are told that people will like them if they behave well.	Staff and experts provide advice.	
They are told good manners will bring you closer to people.		
They are advised to have a good social life.		
They are advised to reflect their good or bad behaviour.		
Emotional intervention not effective.		
Imbalanced approach to providing emotional interventions.	Psychological interventions	
Behavioural therapy is used by staff as punishment.		
Some support provided by experts by not enough.		
Staff feel sympathy for children	Staff feelings towards children	Emotional support of staff towards the children.
Staff treat them like their own kids		
Some staff are somewhat distant		
Staff lack commitment to the well-being of orphans.	Staff lack supportive capabilities.	
Staff lack motivation		

Staff lack understanding regarding the well-being of orphans.		
Some staff have an unprofessional attitude		
Unmotivated staff don't have the patience to deal with orphans emotionally.		
Caregivers have pressing family commitments.		
Staff use rough language towards children.	Staff are rough with the children.	
Staff mistreat or neglect the orphans.		
Staff hit children for minor mistakes.		
Staff take their family frustrations out on the children.		
Staff need training.	Staff need training	Staff have pressing needs
Staff need help to understand emotional well-being.		
Staff unaware of meaning of depression.		
Staff need granting of scholarships to study abroad.		
Salaries need to increase.	Staff needs for grant promotions and salary increases.	
Promotions need to increase.		
Financial incentives and bonus schemes need to be introduced.		
Supporting burned out and overworked staff.	Staff need improved working conditions.	
Protect staff from monotonous routine.		
Leaves of absence should be granted.		
Night shifts need to be reduced.		

4.7.1 Provisions of Ministry administration and other related institutions

‘Provisions of the Ministry and other related institutions’ as an identified theme was found to include sub-themes which included ‘positive provisions of the Ministry and related institutions’ (mosques, hospitals) and ‘negative provisions of the Ministry and related institutions’.

4.7.1.1 Positive provisions of the Ministry and governmental institutions

Provisions which uplift moral standards and help to catalyse mental and psychological development in the children are categorised under ‘positive provisions’. According to the World Health Organisation (2001), mosques, schools and hospitals are considered positive provisions for the children in Muslim-dominated societies. Most of the respondents in the present study were of the view that mosques and hospitals can play a fundamental role in helping the Ministry of Social Affairs to adopt a participative approach which will allow discussion between orphanage staff members and representatives of the Ministry of Social Affairs. This is because mosques and hospitals are a major source of orphans as reported by the majority of respondents. As one member of staff observed:

“The mosques and hospitals are active community service providers. The women giving birth to their illegal children discard their children near the hospitals and mosques. The administration of these organisations picks up these children and gives them to the Ministry of Social Affairs”. [P15]

However, some respondents had a negative view of the way the Ministry carries out their administration. The following statement refers to rule-making by the Ministry:

“The Ministry of Social Affairs takes the conservative approach in terms of making the rules for managing the orphanages. The rules are non-flexible, and often cause

problems in their implementation. The Ministry is not interested in moving to new rules for managing the orphanages". [P7]

Mosques and hospitals are active social centres where the parents abandon their children and from where children are delivered to the local orphanages, after making arrangements with the representatives of the Ministry of Social Affairs. Nevertheless, no respondent specified the types of coordination and links between the Ministry and these institutions. This suggests that the Ministry does not establish a collaborative relationship with organisations involved with orphans. Notwithstanding, the role of hospitals and mosques is clear in supporting the management of orphans at the orphanages. All of respondents agreed that all of these orphanages are managed by the Ministry which is assisted by local mosques, hospitals and prison houses.

4.7.1.2 Negative provisions of the Ministry and governmental institutions

The negative provisions revealed in this study include those items, arrangements or opportunities which cause negative emotional and psychological development in orphans. Most of the respondents thought that the environment provided for orphans' growth is not vibrant and healthy. For example, the staff shout at the children, and children frequently verbally abuse each other and staff. Such an environment, according to one of the respondents, is...

"... non-supportive for the psychological and emotional development of orphans, because the shouting and raising voices by staff and orphans, reflect the agitated or disturbed emotional state of both orphans and staff". [P12]

4.7.2 Another respondent added:

“The lack of social opportunities for the orphans is another missed opportunity for orphans to socialise themselves with the community members, and the Ministry of Social Affairs and orphanage staff are responsible for this missed opportunity”. [P7]

It can be inferred from the above data that the non-socialising environment provided to the children generates a sense of hostility, alienation or marginalisation and creates distance between the orphans and community members. This also indicates that training and support provided by staff and the Ministry of Social Affairs to the orphans is deficient. Furthermore, staff do not comply with the rules approved by the Ministry due to weak or non-existent monitoring systems. As one of the respondents describes:

“The Ministry of Social Affairs does not monitor the behaviour of staff and orphans on a regular basis. Rather such monitoring events are irregular and sporadic. No reports on the behaviour and health of the orphans are submitted to the Ministry, which plays a negative role in the overall growth of the orphans”. [P3]

These responses suggest that non-compliance with the monitoring and reporting rules on staff and orphans' behaviour is an oversight in the management of the orphanages by the Ministry. The non-supportive environment, the lack of opportunity for orphans' socialisation in the community, and faults in the monitoring system, are classed by this study as 'negative provisions of the orphanages'.

4.7.3 Material provisions to the children

The interviewees, both male and female, expressed their views about orphanages' needs. This main theme of 'items that are needed at an orphanage' is divided into three sub-themes: the basics; school necessities; and household needs. The first sub-theme was related to basic items about which interviewees expressed their thoughts. Three categories of 'basic items'

were mentioned (first sub-theme). The majority mentioned basic supplies such as nappies, shoes and clothing. Others mentioned luxury items such as televisions, radios, electronics and sports equipment. Another interesting point raised by a few of the interviewees was that orphanages urgently need medical supplies, including first aid kits.

“I am sure the essential things should be supplied to the orphanages to provide a good standard living for orphans. From my point of view, I also believe that orphanages need basic items such as blankets, clothes, and so on. In addition, orphanages need to be supplied with first aid and over-the-counter pain medicines, not to mention entertainment equipment for the children”. [P18]

The vast majority of interviewees expressed similar views concerning school necessities (second sub-theme). These were considered to be essential items that should be provided for the orphans to facilitate effective teaching in the orphanages.

“There is no doubt in my mind, one vital thing the public should realise is to donate school supplies to orphanages so that they can contribute to the teaching process through providing these items. Many people, I believe, do not imagine how important this contribution is”. [P12]

The vast majority of interviewees expressed similar views concerning household needs (third sub-theme). These were considered to be essential items that should be provided to the orphanages and included cleaning supplies, beds, blankets and light bulbs.

“I don’t think anyone will have a different view regarding the issue of what orphanages need. It seems obvious they need vital things for daily life as anyone else does in their houses, including food, furniture, cleaning materials and so on”. [P28]

4.7.4 Educational provision

'Staff providing education' was a derived theme further divided into three sub-themes: 'staff providing religious learning'; 'staff providing worldly education'; and 'the development of academic skills'.

4.7.4.1 Staff providing religious learning

The interviews revealed the perception that the children are provided with both religious and worldly education. As the respondents of this study commented, based on the cultural norms, both religious and worldly education are important for creating morally responsible citizens. The respondents commented that orphans are provided with religious education:

"The children are given the Quran education. They are taught how to read the Quran and understand the teachings, because the Quran is considered to provide guidance on leading a socially balanced life with moral values". [P19]

Another respondent added:

"The Quran in itself cannot be properly understood without explanation from the Prophets' sayings (Hadith). The Hadith are the commentary and guidance for life. This means orphans should also be provided with Hadith education, which means that psychological and moral training through Hadith and interpretation of the teachings of the Prophet". [P31]

One of the respondents also included the Arabic teaching element in the religious education of the orphans.

"Teaching Arabic to children of immigrants helps to reinforce a group identity and ensures that children are able to read the Quran, this one of our jobs". [P21]

The above comments are supported by most of the respondents, which indicates that religious teachings including the Quran and Hadith are considered essential by the staff for the psychological and moral development of orphans.

4.7.4.2 Staff providing worldly education

Like religious awareness and learning, worldly education was also emphasised by the staff in both gender groups in their responses, which means that their needs of worldly education are also taken care of by the MSA (Ministry of Social Affairs) and by the staff at the orphanages. More than half of the responses included the words “Maths”, “Science” and “language courses”. Some of the respondents also added to their comments that both school-level and college-level education are arranged at the orphanages. All of the support was to enable the children to complete their schooling, as one of the respondents expressed it:

“Children in orphanages are allowed to enter the school level completion, given the scholarships by the government, and the authorities at school appreciate their outstanding performance in maths and science subjects.” [P23]

4.7.4.3 Development of academic skills.

Children are given prizes and scholarships for their outstanding abilities and performance in school. However, this view was supported by only 40 percent of the respondents, most of them male, while 60 percent of the respondents, most of them female, mentioned only ‘good schooling’ for children at orphanages.

“They follow the state curricula for schools and degree classes”. [P34]

This highlights that children are allowed to participate in learning the concepts of science and mathematics as recommended by state curricula, and allowed to compete with other children. However, the mechanism of support for the orphanages at school and the role of orphanages

as their guardians was not clear in any of the responses. Just 20 percent of the respondents supported the view that children are given homework support at the orphanages. This shows that support for homework might be provided only at certain orphanages, but this is not the case with all orphanages in different parts of the country. It is interesting to note that the responses did not include outside professional intervention within the school:

"It is true to say that no orphanage has a clear idea about how to support the orphans in attaining high achievement in their schools. All that I know, it is just self-effort".

[P28]

4.7.5 Staff support the children's social development and integration

Staff support for development and social integration is a main theme divided into two sub-themes: 'development of social skills' and 'development of recreational skills'.

4.7.5.1 Development of social skills

Development of social skills was the most prevalent recurring theme in the interview data obtained from the staff from all the orphanages taking part in this study. Staff were always quick to point out that their main aim was to develop the orphans' social skills. However, when prompted to elaborate on this response, for most of them the definition of social skills only went as far as appropriate manners; some staff even seemed not to be fully aware of the full meaning of the term. It would seem as though this is a buzzword which is constantly referred to in institutions without considered thought on its meaning.

"...children are offered some volunteer activities to support charitable shows and helping other people in critical circumstances such as during floods and emergency situations". [P16]

Another respondent revealed that such activities are important for social life and for gaining some experience and knowledge about social issues, which prepares the children to cope with social problems in life. These views were supported by nearly all of the respondents, stressing the fact that staff at the orphanages are aware of social needs, even though they did not understand the terms very well.

In the comments, the respondents emphasised two important concepts: an inferiority complex and the need for attention; people suffering from some sort of psychological complex need attention, and psychologically their complex can be relieved through this activity.

In support of these ideas, one respondent stated the following:

“... demands of the orphans should be listened to properly, and staff can give them due attention to what they ask and request”. [P8]

It is thought that this strategy will normalise their behaviour and improve their lives in society. These strategies can make them realise that they are worthy like other children who have parents. The orphans' needs, both physical and psychological, must be fulfilled, which can give them happiness, and the social status of the children can be improved.

“These needs should be taken care of at all levels, from the walls of the orphanage to the schools and then to the workplace”. [P34]

Many more respondents showed their agreement with these comments. The fulfilment of needs will increase the feeling of belonging to society.

The social and cultural awareness of the orphans is also important for improving the social image of these children. The participants of this study suggested that social and cultural awareness programmes can be useful in helping children adjust to the standards of the society. The values and beliefs shared by the people in the outside world are gathered through

interaction of the children with parents, friends and teachers, which are the main sources of knowledge for the children. This idea was suggested in the following statement:

“Like other children, the orphans need to be exposed to the outside world, and help in making friends, communicating with their teachers and help in accepting the staff and carers as their surrogate parents”. [P13]

Suggestions such as “attending functions”, “gatherings and arrangements”, “social cohesion”, and “NGOs support” were offered by the staff. This indicates that participants suggested a variety of social and cultural integration avenues which can be utilised to teach the children about life in society. The suggestions included having the children attend national festivals like ‘Janadrya’ celebrations and family visits at religious occasions such as Eid, which can enable the children to mix with the society and experience love and care from different social support groups.

Furthermore, in reference to collaboration, one respondent said:

“The MSA, the police, and the Ministry of Health should collaborate with each other and run collaborative programmes in the areas of health, crime management and social affairs, so that orphans can be taught the best values as the normal children are with their parents”. [P44]

Suggestions were made on how to achieve social and cohesion programmes by involving different official agencies of the country. The police can give the children knowledge about what is socially good or bad, so they can live as responsible citizens; health workers can teach children issues relating to their health. There tend to be fewer job opportunities for orphans, so comprehensive strategies are required to introduce them to local employers, offer them jobs based on their education and skills, and respect them at workplaces. These can be some of the useful approaches to enable the children to earn their livelihood by respectable means. One of the respondents also added that:

“this can be a useful strategy to reduce social crimes, as the orphans think of themselves as socially abandoned individuals, which lead them to commit crime in society”. [P47]

The comments here suggest that there is a need for a range of measures and strategies in order to enhance the social image of orphans and help them to become responsible social citizens.

4.7.5.2 Development of recreational skills

This theme showed that orphaned girls are trained according their social needs. However, this view was not supported by all of the orphanages, which means that this facility may not be available at orphanages located in different parts of the country. Some respondents mentioned the following combination of skills imparted to the girls while they are at orphanages:

“Knitting, sewing, ironing and gardening skills are taught to them by inviting experts from the relevant field, which enhance their prospects to earn their living”. [P46]

From the above quotation, although the life skills seem to be delivered, it is not clear whether these skills are given to all of the girls being admitted to the orphanages, or only to girls of some particular background. Also, the staff did not mention anything about the volunteers coming to teach the girls these skills.

For boys, they are taught to use modern technology including computers and mobile applications. Respondents did not mention whether the provision of these skills for boys takes place at the schools or orphanages; however, the staff members emphasised that only some boys were taught these skills:

“Only those orphans who show promise in working with computing and modern technologies are taught these skills”. [P31]

The word 'promise' in the above comment is ambiguous. This highlights that children are selected based on staff's own criteria of whether children show promise in this area. This indicates that some children are treated differently compared to others, and this can foster a poor self-concept among the deprived orphans. This is not good for the cognitive development of the children at orphanages. Some staff also reported that some children are taught bike maintenance which can help them to earn money and lead a respectable social life.

The recreation activities that are provided do not seem to encourage creativity and the development of critical-thinking skills. Staff responses suggest a gender bias in the provision of activities, with boys offered more physical and traditionally male activities like football, cricket, rugby and cycling. The respondents indicated that boys are offered choices about these activities. As one respondent noted:

"The boys are asked about their game choices and offered to play the game they want. However due to limited facilities, it is not possible for all boys". [P22]

This indicates that the choice of games is provided on a selective basis. All of the respondents were of the view that shopping, picnics, camping and board games are major activities that are offered to the orphans as recreational provisions. One respondent further added:

"These facilities and activities most of time are used to reward the children when they do something good, or achieve good marks in their academic subjects". [P9]

One member of staff mentioned that when the girls are taught homemaking skills like cooking, knitting and sewing, the children seemed to be bored most of the time. Employability skills are important for the both boys and girls. However, the girls are given in-house training in cooking so that they can continue with their normal social life after marriage. One of the respondents observed:

“After all, girls need to get married, and they need to please their in-laws and husband by cooking excellently and a variety of dishes”. [P20]

4.7.6 Staff facilitate good fostering opportunities

This main theme is divided into three sub-themes: ‘staff responsible for socially appropriate foster carers’; ‘staff monitor safety and well-being of children during foster carer’s visits’ and ‘staff prepare orphans for fostering visits’.

4.7.6.1 Staff responsible for socially appropriate foster carers

There was a consensus among the participants that fostering and caring facilities are of utmost importance at any orphanage in order to bring up the children as normal individuals, without affecting their emotional well-being. It is also essential for the socio-psychological development of the children. Mixed responses were received from the staff of orphanages participating in this study. The fostering and caring facilities were not equally distributed among the orphanages throughout the country, which indicates that a disparity is present in terms of the provision of facilities. For instance, one of the respondents was of the view that:

“The facilities are varied across the orphanages in the local communities. The culture of the community affects the decisions of the Ministry of Social Affairs to provide fostering and caring facilities. There is a marked difference between the orphanages located in small communities like villages and small towns, and the ones located in big cities”. [P33]

The majority of respondents said that all of the children at orphanages are provided with foster care facilities. However, it is not compulsory for foster carers to take any child identified by the MSA or management of the local orphanages. Rather, they are given the choice to select the orphan child out of all children of a particular age group. Unfortunately, this may be unfair as the following statement illustrates:

“Foster carers are welcome to take children from orphanages on weekends, and there is no permanent adoption procedure for orphan children. The foster carers tend to select children who are younger than 13 years and with fair skin colour”. [P20]

The weekend approach to foster care also divides the children into two different worlds as revealed by some respondents. For example:

“The orphans spend only weekends with the families. When they are returned to the orphanage, they feel sad, and they miss the social gathering, and the fun and jokes they enjoyed with the foster family”. [P31]

Similarly another respondent notes:

“These programmes are not arranged on a regular basis, which is not good for the children, because they complain of not having more of such programmes. There is more need to arrange such programmes for their emotional therapy”. [P47]

This means that temporary arrangements may lead to a certain emotional fluctuation in their lives which may lead to severe feelings of being abandoned by the management of the orphanages.

The opposite is true for some orphans, as one staff member reported:

“The orphans sometimes do not like the attitude of the families to which they go to stay. It makes them more rude and rebellious. They escape sometimes from foster family homes as a sign of their disapproval of the behaviour of the foster family”. [P19]

Transportation facilities are also provided to the orphans. If they are at orphanages, a fleet of buses for picking up and dropping off children is provided. Respondents said:

“In the past, the buses used to carry the label of “orphans buses”, but recently the Ministry of Social Affairs has ordered the orphanages to remove the label from buses”.

[P43]

Another respondent added to the above comment:

“The decision has been taken to eradicate the discrimination between the normal and orphan buses. The name “orphans” causes the embarrassment to the children travelling in them, as the people make puns and jokes about the children sitting in the buses”. [P21]

4.7.6.2 Staff monitor the safety and well-being of the children during foster carers’ visits

There was agreement in the perspectives of participants that the foster carer families do pick up and drop off the children in their family cars, and that they are treated as family members. Foster families are advised to take care of them during their stay. Feedback from the children is sought by the management of the orphanages so that if there is any bad behaviour by the foster families, it can be corrected and prevented from happening in future. This view was expressed by the majority of the respondents.

Safety arrangements for the children are some other measures taken by the MSA and management of orphanages. All of the respondents agreed to the fact that the security arrangements for children at orphanages are very strict:

“Children are not allowed to go out after 6pm”. [6PM]

Another respondent added:

“Even during day time, a chaperone always accompanies them”. [P41]

Furthermore, the staff takes charge of selecting the foster carer families by looking at the reputation of the family in order to ensure the safety of the orphanages. In addition, the mode of transportation is buses, which constitutes another measure for ensuring a safe journey for orphanages going to and from the orphanages

4.7.6.3 Staff prepare children for fostering visits

The vast majority of interviewees mentioned the rules and recommendations that are intended to enhance the role of foster parents in maintaining a suitable environment for the child and a respectful relationship between the foster families and the staff. One of the respondents said the following of the orphans in foster care:

“They can go out if they want but there is always someone looking out for any problems and they have a certain time to sleep, between 8-9”. [P19]

Similarly another respondent said:

“ Waking up at dawn to pray, having breakfast together, they go to sleep at 8 pm, but this is sometimes changed in the holiday, but usually they go to bed at a specific time”. [P6]

There was evidence of rules that apply to the foster families themselves:

“For pre-adolescent children, there are a set conditions and criteria from the Ministry of Social Affairs for foster families”. [P12]

Similarly, another respondent said:

“The families apply to the Ministry and the Ministry evaluates the family and how appropriate they are to care for children”. [P8]

4.7.7 Community's attitudes about orphans

This main theme is divided into three sub-themes: 'community has a negative bias towards orphans', 'some positive feelings in the community', and "organising a major awareness event".

4.7.7.1 Community has a negative bias towards orphans

The participants agreed that there were particular phrases and words that refer to or describe orphans. The descriptive language used to describe orphans, which shows an endemic stereotypical attitude towards orphans, has been highlighted by staff:

"The word 'au lad' means children and used on its own is a positive term. But when used as part of a compound word it becomes negative. For example, 'au lad-zeena' (product of extramarital relationship). 'au lad strit' and 'au lad-shawara' meaning street kids". [P8]

Although some children are of known parentage, the term *au lad-zeena* and a commonly used term *au lad-haram* (result of any inappropriate relationship punishable by execution for both parents) are used loosely by the public.

"The term 'au lad-haram' can be equated to 'bastard' in the West". [P38].

Many of the carers, especially females, referred to the fact that the buses that are used to transport the children are labelled with the name of the institution which can be a source of embarrassment and anxiety for the children, especially when being taken to school in front of other classmates. Although some of the staff said that the labelling of the bus should not matter, there were some staff who said that orphans felt embarrassed by the labelling and some staff said they were often asked questions by the public about the orphans. These issues suggest that there is an unfortunate stigmatisation of orphans in Saudi society.

“I am sure that most orphans feel sad and embarrassed in front of other friends in schools when they see our labelled buses come to pick them up to take to our institution”.[P12].

4.7.7.2 Some positive feelings in the community and organising a major awareness event

The majority of participants mentioned these distinct related subthemes. One issue was World Orphan Day, with respondents completely agreeing that a day which does not seem to feature in more individualist societies' calendars, appears to enable orphans to meet other orphans and celebrate being orphans but in reality can be as a way of perpetuating stereotypes about orphans being different.

“Despite being an amazing idea with most of the orphans enjoying and making the most of it, some orphans feel that World Orphan Day may have negative consequences in terms of being stigmatised in their community”. [P48]

Staff also maintained that orphan girls and boys have serious issues with marriage in the outside world. The community is not willing to accept them as part of their families, so they do not offer them as eligible to marry.

“Orphans are treated as outcast and face difficulty in marriages, as the tribes do not want to affiliate with them”. [P22]

The word “outcast” in the above comment conveys the seriousness of their state, and the negative impact it can cast on the mentality of adult orphans. They cannot regain their confidence in the society, which is another blow to the mental and cognitive development of the orphans as active members of society.

“Honestly , our culture prevents or rather to say does not allow people to be mixed with or even get married with orphans”. [P5]

The respondents of the study argued that orphan children act like normal children when it comes to their education. They go to school and enjoy interacting with their classmates.

“They achieve the normal grades, and compete with other classmates to win higher grades”. [P7]

These views are supported by most of the staff which indicates that these children have normal mental and cognitive abilities to obtain an education; they do not necessarily show any aberration in learning.

“They happily go to schools and we have no problem in sending them to school by force”. [P25]

This may be due to that fact that children consider schools to be a respite, being away from the walls of the orphanage, so they go to school with excitement. Furthermore, the children are provided with support and help to enable them to excel in their education, on the special request of the MSA. Most interviewees, especially females, perceived that these measures enable the children to excel in education and compete with other children. This demonstrates that children show a positive attitude towards schooling.

Most of the participants stressed the need to revive World Orphan Day. They felt that it would have a positive psychological impact on the children and contribute to their socialising needs.

“They contact with the outside world through the internet, attending weddings and open invitations such as the World Orphan Day. This celebration has a positive impact on the fulfilment of the socialising needs of the orphans”. [P1]

In the above comment, World Orphans Day is mentioned along with the internet and attending weddings, which are considered to be means of socialising within the community. However, one of participants raised concerns about the internet regarding children's behaviour:

“... negative impact on the moralities of orphans via internet, so the authorities should be careful and monitor the activities of orphans on the internet”. [P6]

Some of the participants named school, sportsclubs and parties as means of socialising for children. For example, P3 was of the view:

“Yes, contact with the outside world by going to school and going on visits and invitations to parties etc. For example, going to football clubs and mixing with normal children there – this is better than celebrating World Orphan Day and the next day being angry and unhappy”. [P3]

In contrast another participant stressed the benefits of World Orphan Day as follows:

“We encourage the friendly families, and through participating in World Orphan Day, although there are different responses to this. Some orphans want to attend and most of them when they come back to the institution they feel sad (reading a poem etc.)”. [P7]

As the above comments suggests, orphans feel sad after returning from the socialising events, because they miss them later on. These events should therefore be organised with care.

4.7.8 Orphans have behavioural issues

This theme is divided into four sub-themes: externalising problems, internalising problems, children with disabilities, and reasons for behavioural issues.

4.7.8.1 Externalising problems

Most of the interviewees from the two groups reported that a number of negative behaviour issues were identified by the caregivers. The caregivers mentioned that the children behaved aggressively, and there was a clear distinction made between girls and boys in this regard. Participants commented that boys and girls showed different categories of aggression.

“... girls are more verbally aggressive and boys are more physically aggressive”.

[P14]

Examples of both passive and active aggression were given:

“They hit, spit, throw objects and swear”. [P17]

“They swear and shout and this escalates to physical fights”. [P24]

“They are stubborn, aggressive, abusive, lack respect”. [P18]

4.7.8.2 Internalising problems

Internalising issues refers to the negative tendency of some children to restrict their personalities to themselves, resulting in violence in their attitude. The worst case is that they direct this violence towards themselves. Internalising problems was thought to be at the root of many of the behavioural issues of the orphans. Most of the participants argued that some of the orphans could not express their anger. Instead they develop the tendency to harm themselves either by hitting their head against the walls or cutting themselves. This is very dangerous behaviour because the staff are simply unequipped to cope with this kind of internalisation of problems. For example, one of the participants was of the view:

“Children cry all the time and don’t tell us why; some steal food, and develop the self-harming attitude”. [P14]

Another respondent added:

“We don’t know how to deal with the children so we leave them alone”. [P24]

These comments clearly suggest that the children are not taught to express their bad feelings; either they are afraid of being punished by the staff in the event of their open expression, or they prefer to be quiet and make mischief to tease the staff. The bed-wetting issue was also

reported for orphans, and staff reported that this issues was diagnosed due to the tension and anxiety which is the result of not expressing their concerns and complaints clearly to the staff.

“Quite common was bed-wetting, and the doctors treated this symptom as the sign of tension”. [P21]

Thus the internalising issues in their severe form can cause the children to wet their beds during their sleep.

4.7.8.3 Children with disabilities

Staff reported that a number of children suffered from learning or physical disabilities but no expert support was available. These children seem to suffer with additional learning and psychological difficulties.

4.7.8.4 Reasons for children’s behavioural issues

There were reports of general temper tantrums but more importantly of extreme aggressive behaviour if the orphan had been rejected by a host family. Worryingly, the carers mentioned that some of the children had self-harmed. The staff revealed that aggressiveness and other sorts of behavioural issues may arise from the “psychological issues” associated with being an orphan. One of the staff member expressed:

“Sometimes, they get bad treatment at their schools, and when they come back to the orphanage, they show attitude to their mates and staff. Sometimes even staff behaviour is not good for them”. [P25]

Therefore, they rebel by showing bad behaviour with other staff members and their peers.

4.7.9 Intervention for orphans' behavioural problems

This main theme is divided into eight sub-themes: 'staff reward good behaviour'; 'staff punish bad behaviour'; 'educational interventions by experts'; 'staff and experts provide advice'; 'psychological interventions'.

4.7.9.1 Rewards for good behaviour

There was evidence of reward for good behaviour, however, there were mixed opinions about the effectiveness of using rewards. An example of a reward was mentioned in the following statement:

"The children can be taken on shopping trips and taken out to restaurants to treat them for their good behaviour." [P4]

Some of the respondents felt that rewards were effective. For example, one respondent stated the following in reference to the effectiveness of reward:

"It is ok; it is working well, I think". [P2]

However, there were those who were of the opinion that rewards are not effective:

"Reward is used too much in this institution" [P16]

In fact, because the children were looked after from a materialistic perspective, there was the idea that reward would have no effect, as the following statement illustrates:

"This does not work with orphaned children as they become accustomed to having their every need met" [P20]

Most of the respondents were of the view that children can be provided with the rewards in the form of money and gifts as a sign of appreciation of their good behaviour. It was thought

that these appreciative measures can bring some positive change to the children and the behavioural issues can be corrected through it.

“Such measures will encourage the children to stay away from the bad behaviour and show excellent behaviour to win more appreciation and rewards from the management of the orphanages”. [P18]

4.7.9.2 Punishment for bad behaviours

There were staff participating in this study that were of the view that punishment should be used as a last resort to correct their bad behaviour:

“Psychologically, punishments at an early age takes confidence away from the children and in the worst cases causes rebellious behaviour among the children with stubborn behaviour”. [P5]

The above comments are significant in terms of awareness among the staff that punishment should be used as a last resort. However, more than half of the staff reported that they used punishment to correct bad behaviour in the children. This stands in sharp contrast with what respondent P5 above stated. A punishment-inclined approach may in fact be the cause of the bad behaviour, when the bad behaviour is used by the children as a protest. One respondent described the sort of punishment given to the children for showing bad behaviour:

“The children are not taken on shopping and picnic trips; evening meals are not given to them, and in extreme cases, a thrashing is given to the naughty and stubborn children”. [P11]

4.7.9.3 Educational interventions by experts

Lectures on conduct and behaviour by the academicians and well-known figures of the society can constitute another intervention strategy, as recommended by staff, to correct

behavioural issues among orphans. Lectures can address different aspects of personal behaviour, good manners and a well-balanced social life. As one of the respondents said:

“The children can be taught good manners by the well-known figures in the society. They can visit orphanages. They can be role model for them.” [P11]

Similarly, another respondent said:

“The academicians and experts can visit children at orphanages and teach them about what people like in them. They can further tell the children that if the children want other people to love them, then they should show good behaviour”. [P23]

Some staff suggested that religious programmes and lectures could be useful in correcting the conduct and manners of the children. One of the respondents said the following:

“The religious sermons are full of moral values, the stories of the good children. The good moral stories worked really well during my previous job experience at another orphanage; I would suggest religious programmes”. [P20]

However, some respondents did not seem to agree with the above comment, arguing that religious sermons for young children do not make any sense; and they sit in on religious programmes without paying attention to the details of the religious sermons.

This suggests that children should not be forced to attend the religious sermons and programmes; otherwise they may not learn anything from them. However, the higher proportion of the respondents seemed to favour the arrangement of religious programmes as a form of behavioural therapy.

4.7.9.4 Staff and experts provide advice

Many staff suggested that advising children on how to behave is a good strategy. They emphasise the positive outcomes of good behaviour, such as being liked by others. Also staff

encourage children to reflect on their past behaviour. The staff recommended the use of the following:

“Questionnaires including different manners. Let the children score them and then staff will score against their scores”. [P1]

In this way, they can learn...

“... what is good in them and what is bad in them”. [P2]

Through such exercises and sound advice, one of the staff members suggested, positive change, can be effected in their behaviour.

4.7.9.5 Psychological interventions

The carers were asked about interventions for the psychological well-being of children. There was little said about what the carers themselves do, for example:

“We have sessions where we discuss acceptable and unacceptable behaviour for kids”. [P25]

However, there were many statements that indicated the idea that it was not the responsibility of the carers to provide psychological interventions for children; rather professionals were responsible for these interventions. In relation to this idea, one of the respondents stated:

“Like I said, we need someone like a therapist to deal with this because we are not educated enough to understand this, I mean intervention”. [P12]

In response to a question about whether or not children get depressed, respondents similarly indicated that it is not the carers themselves that provide psychological intervention. The following statements illustrate this idea:

“Yes, they do and we get some specialists in to assess them”. [P4]

“Yes, I think some children are depressed – they should get help from professionals”.

[P6]

The staff were asked what kinds of intervention strategies could be developed for the orphan children in order to rectify the behavioural issues. The staff responded that intervention strategies could be developed for children based on their age and their emotional needs. One of the staff was of the view that:

“Behavioural issues arise from the unfulfilment of the emotional needs of the children.

They need care just as normal children need, and there must be some mechanism to provide it”. [P1]

The emphasis has been placed on emotional needs in the above comment, which argues that children need love and care, and in orphanages children feel abandoned. Most staff acknowledged that children's emotional needs must be fulfilled, and care of their emotional needs should be used as the prime intervention strategy to rectify their bad behaviour.

The vast majority of interviews from both groups admitted that emotional well-being is the most critical target for orphaned children to learn. It can also help them to become productive members of society. Therefore, caregivers must stand one step behind the orphaned children to achieve this target.

“I am sure there are many benefits that can hasten and enhance the emotional well-being [of children], including knowing that children needs are real and that they must fulfil to them. Children deserve the right to have a high quality of life and feel happy and secure”. [P22]

The improvement of the orphans' self-esteem was considered to be a dilemma at the orphanages, and staff strongly suggested that improving orphans' self-esteem in Saudi society will be highly beneficial for the children. The strategies suggested by the participants of this

study included the provision of opportunities for the children to learn speaking and communication skills:

“The children suffer from some sort of inferiority complex due to the hostile behaviour of the people. This represses their communication abilities, and they sink into the depths of silence. They should be brought in front of people who give them attention and they will learn to speak in front of them”. [P45]

4.7.10 Emotional support of staff towards the children

This theme is divided into three sub-themes: ‘staff feelings’, ‘staff lack supportive capabilities’, and ‘staff are rough with the children’.

4.7.10.1 Staff feelings

There were different feelings and views between the male and female respondents. The majority of female respondents, approximately 80%, said that they behave with the orphans in a similar manner to how they behave with their own children at home. However, the majority of males, and only a few of the females, reported behaving with orphans in a similar way to how teachers behave with their students.

“From my view I think my colleagues and I are supposed to deal with the orphans as we deal with our children, why not? Is it not a reality those orphans deserve this kind of emotion which I am sure they desperately need”. [P43]

“I personally think that dealing with orphans is a big problem because you cannot satisfy their curiosity whatever you do, so as for my style, I deal with the orphans like the teachers do at school , and I think this is an appropriate way to prevent breaching the respect barrier”. [P22]

There was a consensus among the staff regarding their emotion and sympathy towards the orphans in terms of expressing anger to the parents who commit these crimes to throw away their children and never come back to see them.

“I believe there are some parents who have lost their humanity, especially when they throw away their kids and leave them forever without wanting to see them again. It is a disaster for parents and children, is not it?” [P37]

The majority of male staff perceived that the emotional aspects of orphans was of secondary importance to legal duties and responsibilities. Most of them expressed that, being men, they are prone to cultural influences and are thereby apathetic when raising children. Likewise, several female staff admitted that an increase in the number of orphans, coupled with the shortage in staff, probably results in orphans being dealt with in a similar manner to school pupils because some orphans misbehave and need intervention.

“The problem here is not that we lose our humanity in raising orphans in an emotional way, but the reason is that some orphans are naughty and always misbehave, not only with other orphans but also with us. How can you blame me for not feeling emotional with someone who do not even respect herself/himself, even though we know they are orphans and they need more attention?” [P18]

4.7.10.2 Staff lack supportive capabilities

The majority of interviewees admitted that they lack the ability and skills to deal with the children’s misbehaviour. They report that they were not offered courses to develop their skills to deal with these issues. One respondents expressed the following opinion about staff training:

“Very weak. We need more intensive training on how to deal with orphans. It ok but could be improved”. [P15]

Similarly, other respondents contended:

“We need a lot of training. Like I have worked here for nearly two years. This is my first job ever but I have had no training at all”. [P18]

“We need more specialised training. For example, dealing with challenging behaviour and corporal punishment”. [P16]

These data indicate that staff lack the training to deal with the behaviour of orphans and subsequent challenges. Another aspect mentioned by the respondents was the lack of commitment to the well-being of the orphans. This is related to the lack of motivational strategies for staff adopted by the Ministry of Social Affairs:

“I am not rewarded for the care I provide for the orphans. The Ministry does not have regular promotional and reward strategies. Because of this, I feel unmotivated and non-committed to my job”. [P14]

Another respondent added:

“We could do with more money because this is a challenging job we do and this would give us more motivation to work hard”. [P12]

It is clear from such comments that the staff are not committed to the well-being of orphans and lacked motivation.

“It is effective to a certain extent. Sometimes there are good programmes and then there are long periods of quiet and no activity. Most of the time I feel everything’s boring and it is not workable with kids so I just do my proper job”. [P3]

There was also evidence of unprofessional attitudes towards orphan care. In response a question about how staff feel about orphans, one of the carers stated:

"I don't know honestly, am just doing my job". [P5]

Another respondent supported this utterance by P5:

"I am only doing my job. It's not like they are my children". [P8]

Moreover, the idea was expressed that staff lacked an understanding of the well-being of orphans:

"Some of them have depression but honestly how can a little child have depression? ... I think it's a joke". [P1]

Another respondent expressed his thoughts as follows:

"Imagine, how can I deal with someone that acts like an animal? Sorry to voice my idea like this, but this is real what some orphans do. But I do not mete out any punishment to them because of the prohibition against punishment of children in their situation in our society". [P9]

4.7.10.3 Staff are rough with the children

All interviewees mentioned that all forms of abuse are prohibited in the orphanages and anyone committing abuse will be dismissed from their job. However, some females mentioned that some abuse had occurred in their orphanages, especially psychological abuse such as isolating or banishing a child to his or her room for misbehaviour or prohibiting them from engaging in recreational activities.

"We are not allowed to punish the orphans. This is not our responsibility or duty. Rather, we just report their bad behaviour to our managers to take action". [P7]

Further evidence of potential abuse was found in the following statement:

“To me, I do not care if I hit any child who misbehaves, whatever the manager does. I always keep my shift quiet and everyone should respect my style in dealing with others”. [P5]

4.7.11 Staff have pressing needs

This main theme is divided into three sub-themes: ‘staff need training’, ‘staff needs salary increases and promotions’, and ‘staff need improved working conditions’.

4.7.11.1 Staff need training

Most of the staff are not aware of the modern methods of treating children well in orphanages. Some staff suggested that foreign experts from the US, Canada or the UK should be invited to deliver lectures and train employees at orphanages on how they should behave with children and on the kinds of methods that can change bad behaviour in children. Staff members felt at a loss as to what to do when the children are angry and aggressive. In such situations, foreign experts can provide them with guidelines to manage the children, as suggested by one of the respondents. Provision of professional training and courses for the staff can serve as a powerful strategy for promoting a more positive attitude among the staff towards the children. As one of the staff reasoned:

“Training and scholarships to obtain higher education [qualifications] in childcare and management can offer us good insight into the behaviour of children. Through this, we should be able to handle the children in a more systematic and professional manner”.

The vast majority of staff admitted to being unaware of conditions such as Attention Deficit Hyperactivity Disorder (ADHD). Most staff felt that more training was needed, as well as foreign guidance on the provision of quality care. Some members of staff were quick to mention that they did not need to know about children’s mental health conditions as they considered that to be the manager’s remit.

“None, if I am honest, have knowledge about mental health disorders. For example, I know one condition which is Attention Deficit Hyperactivity Disorder (ADHD). I think it is important to know about it and how we can help children to overcome it”. [P11]

In addition, some staff indicated that they had worked in an orphanage for five years and had never received training. Many staff indicated that they had no confidence in dealing with challenging behaviour and complex needs because they did not understand these conditions, as illustrated by the following statement:

“I am only a carer; I am not a doctor so I don’t know what depression is”. [P44]

4.7.11.2 Staff need salary increases and promotions

Most staff members were unhappy with their salaries, especially those working in social nursing homes and social education for girls.

The majority of staff mentioned that motivation strategies need to be improved as there is limited motivation for the staff to work hard to improve the status quo at the orphanages. Some staff felt that the use of rewards to encourage a positive approach by the staff towards better management of the orphanage can play a critical role in making the situation better in terms of giving children a better level of care.

“I become frustrated sometimes because the salary I receive from the government to take care of children is not enough to keep me going for the whole month. Family pressures often cause some mood swings in me, which affects my level of care towards the orphans”. [P46]

“the financial burden sometimes is not a good [incentive] for us to behave properly at the orphanage. The rewards and bonuses could do us more good”. [P12]

Many more expressed similar opinions, highlighting the needs of employees and the social pressures they face. The fulfilment of financial needs can create positive attitudes among staff towards the children. Similar ideas were expressed by the staff about their promotions and appreciation of their work by the higher authorities, as the staff stated:

“My bosses do not appreciate what we do for these children. We act like their parents, but we don’t receive anything in return. The promotions and or raise in salary can motivate me to fulfil my duties in better way”. [P35]

“The bonuses are not forthcoming on big occasions. We sacrifice [a lot] for these children and live them with them in big festival. The least we expect is some good bonuses from higher management.” [P48]

This highlights that staff motivation is relatively low due to the apparent imperviousness of the higher authorities to their social and psychological needs. In such conditions, employee morale decreases, and staff are unwilling to work hard to provide better quality care to the orphans. Therefore, monetary rewards based on the evaluation of results can increase competition among employees, giving them incentive to show efficient performance.

Evaluation strategies are therefore needed to evaluate the staff and reward them accordingly. One staff member participating in the study reported:

“evaluation of our duties can make the higher authorities better understand that how much effort we put to run the affairs of the orphanages”. [P23]

4.7.11.3 Staff need improved working conditions

There was consensus among all orphanage staff about staff burnout. Many mentioned several factors that indicated reduced satisfaction from work including tight working time regulations and shift work, high work load, lack of motivation and recognition. Many also mentioned having to deal with demanding family commitments. The above data shows that staff satisfaction with

the current remuneration plan and the long working hours are two important factors potentially causing staff burnout in KSA orphanages.

“Do you believe me, my friend, if I tell you the truth. Honestly me and my colleagues, often forced to remain in our jobs over the weekday, even the weekend. Due to the shortage of staff. The thing is, the manager let me visit my family in the short timeframe of not more than 6 hours in the week. It is a boring job, isn’t it?” . [P37]

“I am sure you do not believe me if I tell you I am working 12 hours every day including the weekend and works the night shift!”. [P23]

“I am a woman. I have family responsibilities, but my work is boring. I can’t withstand all these pressures. Honesty, one day I will resign ... It is a boring job!” [P16]

“We really feel unfairly treated due to persecution in our jobs. We do not get fair pay compared to our effort”. [P1]

Another respondent mentioned the inability of staff to fulfil their family responsibilities due to their job at the orphanage.

“I have family responsibility which I should prioritise but my work prevents me from doing this. I feel sorry about my kids because I do not have time to spend with them”. [P41]

Furthermore, a change to the monotonous routine could also bring about a positive change in attitude. The staff are not given any refreshments or entertainment activities away from the orphanages, making them fed-up with the ‘same old routine’. One of the staff members expressed this as follows:

“I need a change, some holidays, picnic or time with family to restore my energy to deal with the bad behaviour of children”. [P9]

The vast majority of staff, both men and women, felt it unfair that they had to work long hours, staying all week at their jobs in the orphanage. They might be granted a mere six hours on weekends to visit their families.

4.8 Discussion

This section explains and clarifies the results of the qualitative study, Study I. Employing the thematic analysis technique, 10 themes were identified from quotes in the 50 interview transcripts. The aim of the study was to identify ways in which residential care staff function as security providers to the children in their care and identify challenges in this function. Each of these themes will be discussed in greater detail below.

4.8.1 Provisions of the Ministry's administration and other related institutions

In this study, it was found that the Ministry of Social Affairs is responsible for providing for the essentials to the orphans, namely, food, shelter, security and safety. Interestingly, the MSA has agreed with the State healthcare providers to take care of the children dwelling in orphanages in Saudi Arabia. This finding highlights the active role of the government in taking full-fledged responsibility from the management of orphanages regarding provisions for the orphans. This finding is consistent with several studies showing that governments play an active role in managing the orphanages and providing facilities such as buildings, care assistants and weekly/monthly allowances for the orphans (Devereux and Sabates-Wheeler, 2004; Mpanga Sebuyira et al., 2003; Strebel, 2004). However, the research also indicated that some non-governmental organisations and social welfare institutions also provide help in running the orphanages and providing daily essentials for the orphans (Hacsi, 1997; Levine, 2001; Rosenberg et al., 2008). These data stand in contrast with the current findings, due to the fact that the government takes sole responsibility for collecting the Zakat and sadaqaat (forms of charity) from people and investing in the general welfare of the citizens (Bremer, 2004; Fargues & Fandrich, 2012).

The study also showed that orphanage staff complain about the biased treatment of different individuals working in care homes for orphans, as well as about the strict regulations, and poor training and professional development. Previous studies have indicated that staff lacking in the professionalism could not provide the standardised care to the orphans (Davies et al., 2011; Nolan et al., 2008). The care-staff assisting disabled individuals in hospitals demonstrated poor performance due to a lack of knowledge and skills in handling such patients (Proctor et al., 1998). Many other studies conducted in care home environments showed similar findings (Chenoweth et al., 2009; Ellershaw & Wilkinson, 2011). These data show that the care environment of the KSA orphanage cannot be improved unless opportunities are enhanced for the training and professional development of the staff.

4.8.2 Staff material provisions

There was a near consensus among caregivers regarding the supplies necessary for running an orphanage. The requirements mentioned were categorised into three types: basic supplies, referring to food and clothes, luxury items, and medical supplies to maintain the health of the orphans; school supplies for education purposes; and household items such as cleaning supplies, beds, blankets, and light bulbs.

Kilkule (2003) supported the finding regarding the basic needs of the orphans in this study by reporting that the basic needs of the people in care homes include the food, shelter, protection and clothing. Many other studies suggest that the medical needs of the care home residents involve medical treatment, first aid and other relevant facilities (Orrell et al., 2008; World Health Organisation, 2011). These authors conclude that medical facilities may vary from care home to care home depending on the nature and type of people. For example, the residential care home housing people with dementia requires specialised and unique medical care compared to those with dyslexia (Strickland et al., 2004). These data suggest that medical provisions should be tailored to the specific needs of the care home residents. The household needs

reported by this study were also recommended by some other studies undertaken in similar residential care environments (Anderson & Knickman, 2001; Hirdes, 2006).

4.8.3 Staff educational provisions

The results showed that nearly all caregivers agreed that Islamic education and science education were provided to the orphaned children whether in orphanages by private tutors or at government schools. This study also revealed that the academic skills of orphans were developed by the caregivers in all conditions through building children's confidence when talking in front of other orphans and engaging them in purposeful play to support and advance learning such as maths. Several other studies support these findings, if we consider that the residential care environment is similar to that of the orphanage (Berkey, 2014; Case et al., 2004; Hasan, 2006; Mishra et al., 2007).

Many studies suggest that orphans in the care home need to be included in mainstream education, thereby providing direct support for the findings of the current study (Gundersen et al., 2004; Mishra et al., 2007). By educating orphans alongside non-orphans, the Saudi orphanages are encouraging equality in education, which is emphasised by the management of residential care in different Arab states (Azra et al., 2007; Berkey, 2007; Sadeq, 2002). Although some children "get bullied or picked on by other children", as P16 stated, many children enjoy going to school and staff believe they find it a respite. It can be argued that the school fills a gap of acceptance in the children's identities. The school as an agent of socialisation has a role to play in developing the child's emotional and psychological well-being; hence the attainment of relative emotional stability by some orphans can be attributed to the school (Azra et al., 2007; Hasan, 2006; Kaag, 2007).

It is also notable that orphans get access to the same teachers as other children. This is in conflict with the "endemic discrimination and stereotyping" of orphans in Saudi society (Weil & Fernandez, 1999). On the other hand, the Saudi education system places a strong emphasis

on Islamic religious teachings, hence the inclusion of orphans in mainstream education. As a collectivist society, it is expected that all Saudi children will acquire a formal and structured religious curriculum (Chao & Aque, 2009). For instance, nearly all respondents claimed that orphans are given a basic Quran and Hadith education, and the purpose of this is to shape them into good Muslims.

One of respondents noted that, like other children, the orphans are included in competitions and Quran remembrance classes. This means that they are allowed to use their intellectual powers and all their mental faculties to learn the religious teachings. Additionally, all children have access to private tuition if needed. Staff also help the children with homework and school projects. These data are in agreement with the findings reported by other studies in care homes in Muslim countries (Azra et al., 2007; Hasan, 2006; Kaag, 2007).

The theme of cultural identity was mainly dominated by ideas of religious observance and conformity (Alsaleh, nd). Religion plays a significant part in building group identity. Durant (1935) asserts that religions are similar in the way that they develop the construct of collectivism. In Islamic countries, the elements of subjective culture are categorised mainly by adherence to religion. The members of the in-group are those who follow the same religion regardless of ethnicity or nationality. Hence orphans are expected to grow up in an Islamic way, despite boys being granted independence in areas like bedtime arrangements, choice of activities, shopping trips and leaving the institution unaccompanied (Kaag, 2007).

Equally, it may be suggested that the staff are conforming to the observances with which they are familiar, and that they feel this is their main duty to the children. Staff expertise is limited and yet it seems to be an expectation among the staff that they develop both cultural identity and social skills in these children, although they may not be adequately trained to do so, but neither are parents who carry out the same tasks. Research indicates that early childhood professionals and teachers are often best placed to do this, although they also need support (Stanton-Chapman et al., 2014).

There is also significance in the number of children care staff are expected to look after; children's social skills are best developed when children are given more attention and they are also likely to form more secure attachments to caregivers if the child-adult ratio is low (Clarke-Stewart & Miner, 2009). The study shows that staff were very involved in these activities, and that religion was actively encouraged, which included doing prayers. In support of the findings of the current study, many studies place emphasis on social-skills development in terms of social development, where practical approaches are implemented such as encouraging children to take part in community activities and family functions (Case et al., 2004; Olanrewaju et al., 2015).

4.8.4 Staff support of social development and integration

The findings of this study showed that orphanage staff in Saudi Arabia are supportive of the development of the social skills in the orphans. It was found that they organise various activities in the domain of social skills, such as arranging volunteer activities. The obvious point of volunteering activities was to teach them to serve their fellow human beings and to learn the social skills of mixing and communicating with other people in different settings. McKenzie (1997) supported the role of volunteering activities for the socialisation of children, which is in accordance with the findings reported in the present study. Secondly this study found that orphaned children were given the opportunity to learn different games such as football and cricket.

In addition, the special coaching and monitoring are organised for the children. This indicates that recreational activities are part-and-parcel of the upbringing of the orphans. Through these activities, the staff thought, the children are kept physically fit and healthy. Various studies have pointed to the importance of sports-related activities for the general health and fitness of children in the Early Child Care Research (Jensen, 1999; NICHD, 2002). In addition, intelligence levels are reported to be improved through recreational activities (Peisner-

Feinberg et al., 2001). Sports also gives children the opportunity to mix with fellows and learn additional skills such as interpersonal skills (Ferguson & Heidemann, 2009; McKenzie, 1997).

This study reported that girls in the orphanages are also given special attention, in terms of teaching them skills such as knitting, sewing, ironing, cooking and gardening. These skills, the staff thought, will help the girls to find the good jobs in the local market. Thus the main purpose of these activities is to improve the employability skills of girls. This is mainly due to the fact that females are normally cared for by their spouses or parents (Achoui, 2009; Harry, 2007; Madhi & Barrientos, 2003). However, orphaned girls face many issues in Saudi society in terms of marriage and social integration. Therefore, emphasis is placed on the development of their employability skills, which increases female entrepreneurship and the capability of girls to secure employment in the Saudi job market (Achoui, 2009; Yousuf Danish & Lawton Smith, 2012).

4.8.5 Staff facilitating fostering

In developed countries such as the USA, the UK and other European countries, the fostering of orphaned children is managed by the government-controlled social security services (Hmeerijck, 2002; Rimlinger, 1971). Social security managers identify those families interested in adopting the orphaned children, and continuously monitor the adoption procedures and behaviour of the families (Boyden, 1997; Ferrera, 1996). Consistent with these data, this study showed that staff at the orphanages in Saudi Arabia take full responsibility for identifying the foster families, and administering the adoption of the children. However, unlike Europe and other parts of the developed world, the Ministry of Social Affairs had not established any specialised agency for fostering and adoption. This study could not find any mechanism through which staff and the Ministry of the Social Affairs could be linked. This lack of standardised monitoring and evaluation procedures may result in gaps and weaknesses in the

process of fostering of children in terms of the safety and security of the children (Jackson, 1994; Saliba and Schnelle, 2002; Stroul and Friedman, 1986).

The staff were found to be actively involved in arranging the fostering, transportation and safety of the children visiting the fostering families. However, the procedure for overseeing the entire process could not be identified during interviews with staff. This suggests that there may be some loopholes in the management of fostering opportunities for the children. Furthermore, this study reports that there are feedback and survey opportunities for the staff and the fostering procedures, which are sound measures for locating foster families, addressing their concerns, and improving the fostering and adoption of orphans. Supporting this study's findings, Jackson and Martin (1998) showed that feedback and surveys provide opportunities for the management and fostering families to improve the residential-care system.

4.8.6 Community attitudes towards the orphans

Key findings of this study were the biased and negative perceptions of the Saudi community towards the orphans. This poses a considerable threat to the emotional development of the children at the orphanages. For instance, the community members were found to avoid mixing with orphans, and treated them like outcasts or second-class citizens. Such negative perceptions were reported to be acute in the countries with clear demarcations between rich and poor, as the people with resources look down upon those without resources. In addition, the society with clear-cut religious sanctity and implementation pay little respect to the orphans, since children born out of wedlock are considered to be illegal children (Oser, 1996). These emotions give rise to negative attitudes towards the orphans, resulting in an inferiority complex and poor emotional development among the orphaned children (Hughes, 2004).

Those orphans who lost their parents due to their death suffer similar negative treatment from the community (Sengendo & Nambi, 1997). Groak et al. (2005) suggest that the biased or negative attitude of the community members can result in the orphans becoming stubborn,

hostile to the social norms and lacking in empathy towards the public. Such developments in orphans are detrimental to the positivity and confidence of the orphans (Hughes, 2004; Wood & Goba, 2011). Consistent with these data, this study reported a negative image of the community in the orphans. The children also disliked the feelings of sympathy and pity in the community about their status as orphans. Altogether, this study suggests that a negative image and hatred of the community in orphans can result in the aberrant socio-emotional development of the orphans and even destabilise the social structure of the community.

4.8.7 Children in residential care have behavioural problems

This study reported that orphans did show some behavioral issues which were considered a threat to their socialisation and assimilation into the social and institutional setting. For example, this study found that boys showed aggressive behaviour in terms of physically thrashing their mates in the residential care home, while the girls were reported to be mainly verbally abusive towards their mates and staff. Bullying and food-stealing were found to be prevalent in the children at orphanages. These behavioral issues were reported in some other residential care homes with similar conditions. For example, studies of the residential care homes for children in England and Northern Ireland have reported attitudes of the low-level defiance and non-compliance in the children towards their peers and members of the staff, however, it did not escalate to the alarming level of thrashing and beating up each other as has been demonstrated in the current study (Frost et al., 1999; Scie, 2008). Hawkins-Rodgers (2007) showed that low-level, defiance, persistent and non-complaint behaviour is commonly observed in residential care hosting children. Striker et al. (2007) argue that serious incidents are rare in residential care homes for children; nevertheless, if they escalate, they indicate the ineffective management practices of the staff controlling the children, as well as the lack of motivation and training of the staff to handle the troubled children. Another study supports this supposition by arguing that high-quality care and streamlining of children's behaviour into the

accepted norms of the society are dependent on the skills and experience of the staff for managing the stressful environment (Sallnas et al., 2004).

4.8.8 Interventions for b'children behavioural problems

The results show that orphanage staff provide rewards for good behaviour in the form of money and gifts, and punish children for bad behaviour, which was thought to be an effective discipline for the orphaned children. The results show that raising awareness about reducing misbehaviour in children from the angles of religion and culture, in the form in lectures and seminars, could be useful in correcting the misdemeanours of children. The children need strong support and encouragement in order to enhance their emotional well-being and productivity in society.

However, this punishment-inclined approach may be the cause of the bad behaviour, if it is perpetrated as a protest. These punishments sometimes work to correct the children's bad behaviour, but sometimes they do not seem to work, as expressed by another respondent. Overall, there were mixed views among the staff about corporal punishment, with some fully supporting it saying and others saying it was wrong and did not work. There was also acknowledgement that corporal punishment was institutionalised and widely accepted in Saudi Arabia. Needs were diverse, and related to the emotional needs of children, but were all regarded as negative aspects of the emotional state of the children. Importantly, staff showed awareness of the lack of child-adult attachment in that most of them did not feel they had a bond with the children, even though some of the staff said they regarded the children as part of their own family. Staff highlighted two significant, related issues. Firstly, the carers felt that the children lacked identity and, secondly, that children suffered from a lack of belonging. Additionally, the children seemed depressed and their emotional well-being needed to be tended to. None of the needs were associated with practical or material needs. As mentioned above, while the practical needs are evidently well catered for, the overall sense of

the transcripts is that emotional needs are not well catered for. Therefore, such needs must be attended to in order to address behavioural issues.

In a country where resources are in abundance, it was observed that orphans did not own mobile phones. When asked, staff explained that there was no need for orphans to own mobile phones since they did not have extended family relations, relatives or friends to talk to. It was explained that if children wanted to get in contact with anyone outside the orphanage, for example, to arrange a visit with temporary foster parents, this was arranged by management at the institutions. It was revealed by the staff that they felt that the orphans did not deserve to be pampered with gifts because of the level of aggression in the institution. A significant number of the carers made reference to the fact that children are given money, sometimes in the form of a monthly allowance, however, it was noted that perhaps children are given too much in this way and they do not appreciate it and it does not have a positive effect on their behaviour.

Some practices include a lack of responsive care-giving, and structural constraints such as rotating shifts, transferring children to other care-givers once they have reached a certain age, minimal social interaction, and an atmosphere that is “business-like” and like an “assembly line”. Other practices, according to the St Petersburg USA orphanages Research Team (2008), include a lack of bonding between caregivers and children and a lack of initiations. Certainly the lack of bonding was found to be the case in the present study. In relation to the idea of children being transferred to other care-givers, the respondents of the present study said that children have to be moved to other orphanages as they reach a certain age which can be disruptive.

A study by Sparling et al. (2005) carried out an educational intervention which focused on introducing stable adult-child relationships. It was inspired by work done in American child centres aimed at reducing intellectual decline in children identified as being at risk. This gives evidence that different cultures have different perceptions of children. Industrial societies have

invested a lot of resources in child studies in order to try and understand how children feel and respond to different stimuli; for example corporal punishment. This was banned in many individualist societies as a result of studies revealing little or no positive outcomes of beating children (AlSadhan, 2005). This has since been classified as a form of child abuse which is punishable by law. However, in Saudi Arabia the results reveal that this understanding of corporal punishment is different. There was an acknowledgement that corporal punishment took place. However, it is important to note that these types of punishment are not allowed according to the rules and regulations of the Ministry of Social Affairs.

Although in the previous theme there was acknowledgement of some of the needs of the children, there was a clear lack of understanding by the staff of the meaning of a child's emotional well-being and a misunderstanding of who is responsible for this well-being and who can provide it. Most of the staff said that therapy was the suitable intervention for emotional well-being, while some doubted that it worked. There was a very narrow view of emotional well-being in that barely anyone mentioned their own involvement; rather, they placed the responsibility on professional therapists, indicating that the children had a problem in this area and they needed therapy to overcome this.

Apart from therapy interventions, the only other suggestion from the staff about interventions was activities such as cooking and meditation. There was no mention of a more comprehensive approach to emotional well-being nor mention of attachment from the staff, even though it was clear from the previous theme ('Children's needs') that staff acknowledged a lack of attachment.

Bowlby's (1951) theory of attachment underpins the study but unfortunately many orphanages around the world do not provide socio-emotional interventions to improve the children's well-being (Rosas & McCall, 2009, in McCall, Groark & Fish, 2010). As a result, children in such institutions may suffer developmental delays in different aspects of the child's life; for instance, mental maturity, language development, physical growth. Other interventions used in Latin

American institutions include sensory-perceptual stimulation administered by specialist staff (McCall, Groark & Fish, 2010). The present study shows that, in the case of Saudi Arabia, there are interventions for emotional well-being; however, they are provided by professional therapists who visit the orphanage. There is little evidence that emotional well-being is being provided by the orphanage staff.

The psychological support given to children in care is important for their well-being and confidence, as many studies report on the issues of the psychological distress to both carers and their charges due to different factors such as the lack of medical attention and inadequate support in resolving psychological issues (Al-Shammery, 1999; Al Agili, 2013; Horton and Wallander, 2001). Interestingly, this study conducted in orphanages showed a sound pattern of psychological distress in the children, with disabled children expressing more psychological distress than the more able orphaned children. The deficit of attention may be an issue contributing to psychological distress in children. Previous studies have argued that the attention deficit can act as barrier to the sound psychological development of children (Carlson & Earls, 1997; Huang et al., 2005).

The orphaned children participating in this study also complained of facing problems in learning. Learning difficulties tend to be prevalent in the care home environment, and Carlson and Earls (1997) show empirical evidence that poor cognitive development can lead to the learning disorder in the children in care home environments. These data support the argument developed in this study that the lack of proper support and attention by the staff to the children is the main contributor to psychological distress which in turn results in the manifestation of the learning issues. Drotar et al. (2014) suggests a psychological intervention for children to promote their adherence to the treatment in order to manage the chronic illness and issues caused by depression and learning disability.

In addition, this study reported that staff appeared to be unaware of the medical meaning of depression, as they expressed confusion and a variety of concepts about the definition of

depression. These findings highlight that staff have little knowledge of medical conditions and the symptoms of depression. Consequently, children suffering from depression are unlikely to be reported to the medical experts, and early diagnosis of depression is not possible. In this manner, children with depression may develop the acute medical symptoms leading to the development of chronic depression syndrome (Barrera et al., 2004; Sepulveda et al., 2002). The Ministry of Social Affairs needs to evaluate and address deficiencies in the basic medical training of the orphanage staff so as to improve the status quo in the orphanages.

4.8.9 Staff emotional support towards the children

This study found the majority of staff at orphanages look after children in a similar way to their own children. Some employees also viewed the relationships between themselves and the orphaned children as similar that between teacher and pupil. Such positive and friendly relationships between the caregiver and client was reported by many studies of the professional care environment. However, some studies pointed to barriers in the establishment of friendly relationships between the client and caregiver due to hostile relationships between the government agencies and care assistants (Harder et al., 2013; Moses, 2000). This was also found in the current study in that staff were unhappy about the strict regulations and policies introduced by the Ministry of Social Affairs. These findings suggest that optimal staff-client relationships can be established through removing barriers of communication between the staff and governmental agencies responsible for managing care homes.

Overall, staff showed anger towards those parents who had left their children in the orphanages, describing such parents as inhumane, cruel, and harsh. Studies on residential care conducted in the Western countries did not report such emotional reactions from staff towards such parents (Moses, 2000; Zegers et al., 2008). This is because in many Western countries, the staff are committed to performing only their duties as per the requirements and

regulations of management. However, in Saudi Arabia parent who leave their children in the lurch are not held in high esteem. Rather, Islam decrees that it is a moral and religious obligation for parents to look after their children (Falk et al., 2013; Vorria et al., 1998).

This study also reported a consensus among the interviewees regarding barriers in the emotional attachment between caregivers and orphaned children. This was mainly attributable to the different belief systems held by staff. For example, male staff claimed that the emotional aspect was unnecessary as long as they conducted their duties and responsibilities faultlessly, while female staff attributed that the lack of emotional attachment to staff shortages and heavy workloads. These findings are supported by many other studies showing that staff shortages and workloads are major factors preventing the optimal emotional attachment between staff and clients in residential care (Hsu et al., 2007; Sung et al., 2005).

In addition, staff were quick to point out that they were not specialists in dealing with children's emotional or psychological well-being. The widespread condoning and some use of corporal punishment provides further evidence that emotional well-being is not an area of care prioritised in Saudi orphanages. This point was also evidenced by the fact that both psychological and emotional well-being were clearly perceived by staff as the responsibility of external professionals. Vorria et al. (1998) argue that the belief systems of staff in care homes are of critical importance. For example, if staff are trained to believe that a show of positive emotion is a prerequisite for staff, it is more likely that staff will consider it as part of their duty. Many scholars uphold the view presented by Bakermans-Kranenburg et al. (2011) and Hardy (2007).

Furthermore, several possible explanations can be given for the misunderstanding or narrow view of emotional well-being seen in the interviews. For example, if clients smile and show good behaviour, the staff may think that the client is emotionally satisfied, or vice versa (Harder et al., 2013). This perception of happiness is problematic because good behaviour is not necessarily an indicator of emotional well-being, and therefore, staff may misunderstand the

emotional needs of the children (Zegers et al., 2008). Staff felt that emotional therapy offered to the children was ineffective, hence the high frequent display of unstable emotions among the children. This finding was supported by a few other studies (Ball et al., 2009; Moses, 2000). Emotional well-being was generally not viewed as the staff's responsibility; and this has clear implications for the staff's role as surrogate parents. This issue has been raised by several studies in care homes (Falk et al., 2013; Sung et al., 2005).

Another possible explanation for the findings in the present study can be derived from the study conducted by McCall, Groark and Fish (2010), involving children from birth to 8 years of age and focusing on one-to-one interaction between the caregiver and the baby during different developmental stages; for example breastfeeding, bathing and feeding as the infants developed. They emphasised the establishment of a warm and sensitive relationship between caregiver and orphaned children. Intervention can be mediated in the form of training and offering technical support caregivers or children or both to promote warmth and sensitivity. This has proved very successful. For example, after 4 months of exposure, children's Development Quotient (QD) improved by an average of 13.5. Unfortunately, one of the main findings of the present study is that training is lacking.

Moreover, the results of this study showed that staff were often found to be abusive to the children. Verbal abuse, physical abuse and child neglect were found to be common in residential care. Regarding the issue of staff's burnout, there were several factors elicited from the care- workers' perceptions. For instance, the factors which exacerbated burnout among the orphanage staff can be divided into: a lack promotion and motivation; suffering from heavy family commitments; and working time regulations and shift work (Seti, 2008). These findings were supported by many studies conducted on staff burnout in similar residential care (Ainsworth and Hansen, 2000; Camp, 2011; Spencer and Knudsen, 1992).

The assumption is that the children's backgrounds could never bring them up to be responsible citizens. Gallagher (1999) reported that orphans were called "animals" in different care homes

in India, which supported the finding of this study. One participant asserted that some children got worse behaviourally by staying in the institutions as there was a lot of aggression, which forced young people to behave in a non-conformist manner. This was consistent with a report published by Hobbs et al (1999) about the residential care home. These data indicate that the staff do not feel they are able to change the behaviour of the children as their influences come from their peers, rather than from the staff.

Some of the children may not have any positive memories, conceivably because of abuse, abandonment or deprivation in their past (Rosenthal et al., 1991; Uttal & Tuominen, 1999). If an orphanage is overcrowded, staff are overworked and there are fewer resources; it may not be possible to provide the minimum of essentials. Moreover, the orphanage may be too cold in winter and too hot in summer, and it may be difficult to adequately feed all of the children (Colton & Roberts, 2007; Jeon et al., 2012; Mackie et al., 2001). In this type of environment, children may feel a sense of isolation among the other children and may not receive focused and personal attention and affection. Moreover, these children may believe that the world is unsafe and that adults cannot be depended on (Blatt, 1992).

4.8.10 Staff have pressing needs

The findings obtained from Study I were that the orphanage needs to be aware of how they can manage any urgent issues they might face while they carrying out their duties. In addition, the results revealed that the staff need grant promotions and salary increases so that they can be more creative and energised in their work. The staff admitted that they need to improve their working conditions so as to work more smoothly with the orphans.

In contrast to my study, a study in Egypt conducted by Fawzy and Fouad (2010) found that caregivers needed to be included in the training, and that need could not be fully addressed due to the financial burdens on orphanage institutions in Egypt, most of which are administered by volunteers; therefore training caregivers is not our priority in comparison to

providing the essential materials for orphans to survive. Similarly to the results obtained by this study, Çatay and Koloğlugil (2017) found that training and supervision support groups for caregivers working in orphanages were significant predictors for better developmental outcomes for the children in institutional care.

One possible incentive for training caregivers in all aspects children's care is that it can enhance their role in orphanages through minimising any obstructions the orphans might face and keeping the surrounding environment more safe and quiet for other children. In addition, caregivers need to perform their duties in proficient ways if they are to feel job satisfaction and feel that any award from their employer is deserved.

4.9 Trustworthiness: Verification of the qualitative research study

According to Burnard et al. (2008), it is recommended by scholars and methodologists of qualitative studies to assign a minimum of two expert qualitative researchers to review and examine the interview transcripts. This is also essential for data analysis and analysing emerging themes for the new study so as to verify the results. Burnard et al. (2008) further asserts that this process protects against any bias from the use of one researcher and helps to confirm all aspects of the study and its findings. To confirm the trustworthiness of the present research, the researcher adopted a pragmatic stance by following the three stages enumerated below.

1. In the first step, feedback from 50 participants was received about the language and structure of the interview questions. In the pilot study the interview questions were delivered by hand to 10 participants randomly, and interviewees were requested to provide feedback on the clarity of the questions. Most of the respondents agreed that the language was simple and the questions easy to understand and respond to. However, some of the respondents requested that some information be deleted as they felt that it lacked of clarity. Overall, 10 respondents did not respond, despite multiple reminders from the researcher.

2. Secondly, codes, categories and themes for the study were used in the second stage. Ten randomly selected interview transcripts were sent to knowledgeable and skilled experts of NVivo version 11, the qualitative data analysis software, with expertise on coding and creating themes in qualitative studies. This software was used to generate codes and themes from the transcripts, and it helped to improve the accuracy of the codes and the development of the themes in a scientific manner. The feedback from these experts was received and incorporated into the subsequent analysis of the qualitative data.






3. The themes and codes developed from interview transcripts sent to the respondents to obtain their feedback. Overall, the respondents expressed satisfaction with codes and themes, agreeing that they matched their transcripts. In addition, the views of the interviewed orphanage staff were sought and a draft of the qualitative study results was emailed to all 50 interviewees. Positively, 72% of the interviewees reported satisfaction with the summary of the findings. Overall feedback was positive, with the majority of respondents were satisfied with the findings that were received by emails, which were aligned with their views in the interviews, thereby it appears that the trustworthiness of the qualitative data and the findings obtained in this study, which was reasonably achieved.

4.10 A theoretical model derived from the Study 1 (qualitative) findings

This theoretical model as depicted in figure 4.1 explains and illustrates findings of the qualitative study, which resulted from analysis themes that devised from the perspective of orphanage caregivers' perceptions (25 males & 25 females) about the topic under-researched entitled "the role of child-keyworker attachment in the residential care of Saudi children". In addition, this theoretical framework clarified the surprising or inconsistent findings of the qualitative phase of this study in terms of ten main themes, these were identified from verbatim quotes in the 50 interview transcripts. These main themes were categorised into sub-themes and sub-sub-themes as belonging to a variety of aspects of orphanage caregivers' perceptions regarding their positive and negative views on working in the orphanages, and their

association with the children and teens orphaned from one side and their foster carers and relatives from the other side. In addition, the model shows other themes belonging to the desires that the orphanage carers desperately need, regarding the interventions that the government should enhance and improve the roles of the orphanages to provide the best care to the orphans.

4.10.1.1 Legend for Figure 4.1

-  Provisions of governmental institutions & staff make material provisions
-  Staff provide education & staff support children's social development and integration
-  Staff facilitate fostering opportunities.
-  Community's attitudes towards orphans & children have behavioural problems
-  Interventions for orphans' behavioural problems & emotional support of staff towards the children.

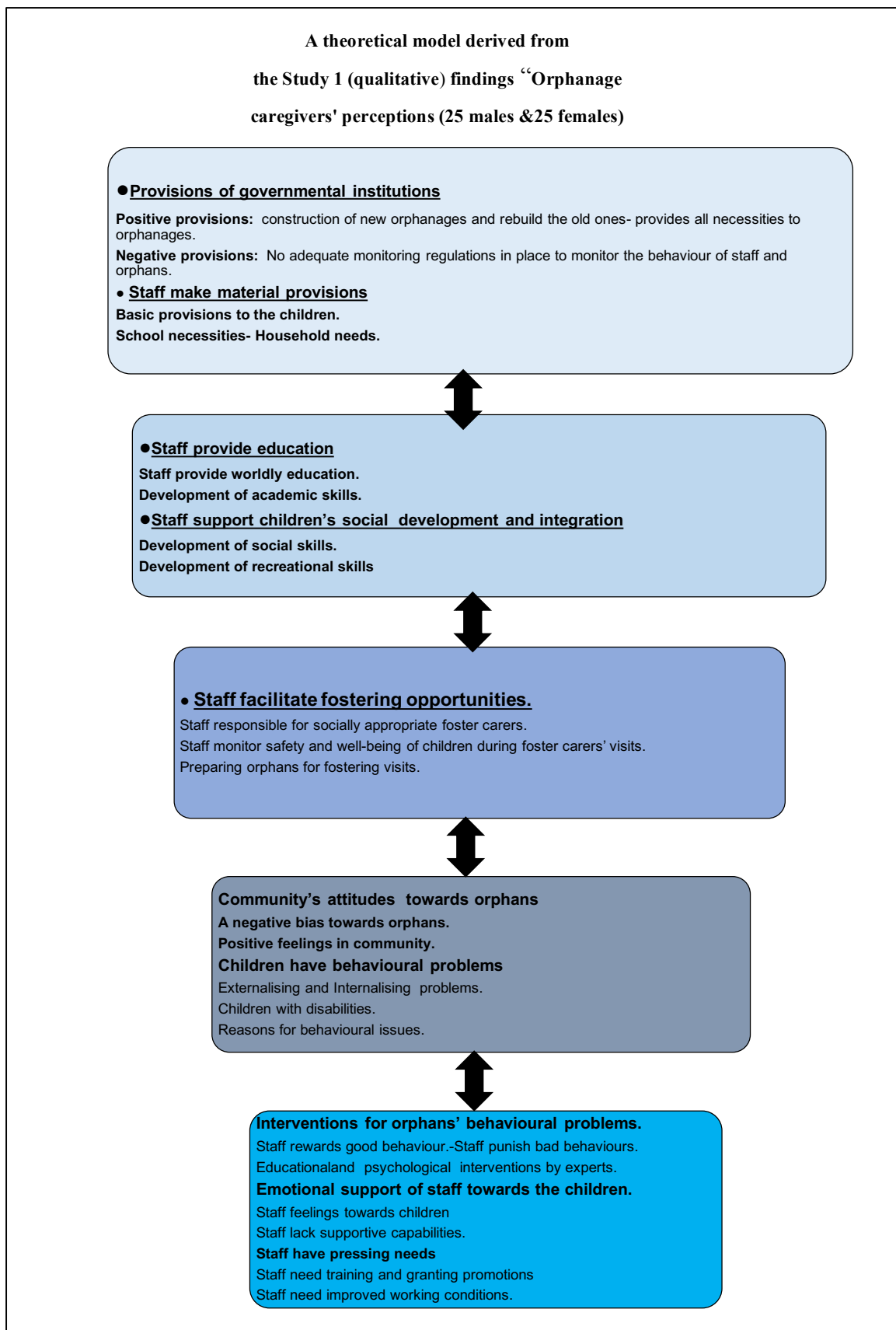


Figure 4-1 A theoretical model derived from the qualitative research finding (Study I)

4.11 Conclusion

This chapter has discussed all components related to the qualitative phase of this study. It began by justifying the sampling technique used, namely, convenience sampling. In addition, the chapter provided a detailed account of the data collection methods, including: semi-structured interviews, the recruitment of the participants, and the translation process in the qualitative protocol. The chapter discussed in depth the data-analysis techniques that were used to generate the themes as the findings of this study.

The findings showed that although there was a significant level of provision in the orphanage, that was related to material provision, education, social integration, and preparation for fostering, but there was a relative lack of provision for emotional needs. Findings suggested inadequacies of staff in the respect, the rough handling of children, and a lack of understanding of their emotional needs and mental health. Also, there was conflict between children and staff. Furthermore, in reference to the institution as a whole, there was lack of staff training, poor management of working conditions, and poor salaries. Despite the fact that there were negative attitudes towards orphans generally in society, there was sufficient evidence of initiatives by the orphanages to overcome this, which included awareness events. These results have implications for the study going forward in terms of what aspects of the children and the staff need to be investigated, and to see if there are any causal connections between them. The findings of this study suggest that a more detailed investigation of the capacity of both children and staff to bond would be a useful step forward.

Chapter Five :Study II :The moderating role of attachment security in the residential care of children

5.1 Introduction

The preceding chapters have outlined that Study I explored the perceptions, thoughts and feelings of staff members regarding life in Saudi orphanages. The requirements of children, their roles in meeting those needs, the barriers they faced and the suggestions they had to make for improving the quality of care provided was also examined. Inadvertently, Study I identified how staff perceived themselves and their role, the orphans, and the function of orphanages as providers of security for orphaned children. Concerning achieving the overall aims of the study, there is a need to research attachment in Saudi orphanages and its relationship with orphan behaviour in relation to improving orphan care.

Study II aimed to obtain quantitative information and test specific hypotheses that were informed by the more basic findings of Study 1. In particular, Study II sought to confirm the conclusion emerging from Study I that both children and staff experience significant levels of psychological distress, and to test the view that many staff expressed that the quality of child-keyworker relationship and staff burnout and general distress have an impact on child distress. Study II aimed to test specific hypothesis testing quantitatively these views expressed by staff in the qualitative interviews. The aims, hypotheses, and measures of this study are presented in detail in Chapter 3.

5.2 Methodology

5.2.1 Participants

The population in this study is Saudi adults and the results are generalisable. Additionally, the study population is Saudi children and adolescent orphans aged (5-19 years) spread across three different cities in Saudi Arabia, specifically Riyadh, Dammam and Jeddah. Participants were selected for this study based on several criteria. For the orphans, they must be between

3-19 years old, be looked after and have been accommodated in one of the five selected orphanages for at least three years, can speak and understand the Arabic language fluently and be free from physiological distress. For staff members in the orphanages, the criteria states that they must be over 25 years of age, are able to speak Arabic and have at least one year's experience.

5.2.2 Sampling

Saudi Arabia has 11 provinces and selecting samples from each province would have been highly representative and increased reliability. However, only 3 out of 11 provinces were selected from carefully chosen orphanages. These orphanages represented the various types of orphanages available in the country. Studying orphanages in each of the provinces would have been impractical in terms of costs and time (Bryman, 2012). Furthermore, the samples were chosen from three major cities in Saudi Arabia: Jeddah (West Province), Riyadh (Central Province) and Dammam (East Province), seeing as they are all different in terms of demography, social background and the types of institutional care (age, models of care) offered. The cities were chosen in Time 1 of the Primary Sampling Units (PSUs) (Bryman, 2012) (see Figures 3 & 4 below).



Figure 5-1 Map of the five provinces in Saudi Arabia



Figure 5-2 Map of the main cities in Saudi Arabia

5.2.3 Sample size calculation

When using a statistical approach, several methods are established to determine the sample size (Denscombe, 2008). Such approaches include a census of small populations using a replication of the sample size that has been used in previous studies; whereby formulas are applied to calculate a sample size (Israel, 2013). This study used a census for small populations (all the participants in each of the selected orphanages including both orphans and staff were recruited).

5.2.4 Recruitment

For the cohort group involving orphans, the research participants were recruited from each of the orphanages spread across three different provinces in Saudi Arabia. Therefore, three orphanages were selected from Central Province, represented by Riyadh, one orphanage was selected from East Province, represented by Dammam and one was selected from West Province, represented by Jeddah. A total of 261 orphaned children and adolescents in Saudi

Arabia were recruited in the study; however, only 80% participated. Similarly, 140 of the 261 participants were recruited from the three orphanages in Riyadh, which included the Social Nurseries Home, Social Alrabwa Villas and the Social Education Home for Boys, while 59 of the 261 participants were recruited from Dammam Social Nurseries. Finally, 62 of the 261 participants were recruited from Jeddah Social Nurseries. For the cohort group involving staff from the orphanages, 61 staff members from the five selected orphanages were recruited in the study. Furthermore, out of 61 staff, 36 were recruited from Riyadh, 10 were recruited from Dammam, while 15 were recruited from Jeddah.

5.2.5 Survey questionnaire design

The questionnaires employed in this study were user friendly and the questions were phrased with the target populations in mind. The translation and back translation processes for some questionnaires is the reason why the response rate was extremely good. Most respondents could identify with the research scope because, according to some, the language was accessible and cultural references were easy to relate. The questionnaires were conventional in that they first sought personal demographic information, without the need to reveal intimate details about oneself, which could make it easily identifiable by an outsider. Questions were presented with clarity and were as short as possible, especially for child respondents.

5.2.6 Response rate

Calculating response rate can be fraught with many challenges. Problems may arise when there is non-response because participants have either refused to complete questionnaires or they do not fully understand the research expectations, thereby failing to adequately fill in the required data. Ultimately, several surveys could also go missing.

The response rate for this study was excellent, primarily because the researcher and the research assistant were usually available to clarify any questions and because the researcher

came from abroad. That was motivation enough for respondents to support the objectives of the study – with the hope that such studies tend to bring about a different perspective and possibly change the status quo.

According to Creswell, (2013), low response rates do not necessarily reflect bias or the inefficiency of the data collection process. Likewise, a high response rate does not necessarily reflect efficiency, reliability and validity. The integrity of the entire research process depends on the ethical collection and analysis of the data. Conversely, Bryman, (2012) and Creswell (2013) argue that it might not be easy to predict what sort of answers the non-responders were likely to give, which they (the authors) feel has a possibility of leading to bias.

5.2.7 Recruitment:

5.2.7.1 Recruitment of orphaned children and adolescents

Table 5 reveals that 261 orphaned children and adolescents in Saudi Arabia were recruited in this study. The response rate for orphans was 80%, while the response rate achieved for staff from the orphanages was 72%. Additionally, 140 of the 261 participants were recruited from the three orphanages in Riyadh, which included the Social Nurseries Home, Social Alrabwa Villas and the Social Education Home for Boys, whereas 59 of the 261 participants were recruited from Dammam Social Nurseries. Finally, 62 of the 261 participants were recruited from Jeddah social Nurseries. In addition, 61 staff members from the five selected orphanages were finally recruited in the study. Those adult respondents were recruited from the three cities as follows: 36 were recruited from Riyadh, 10 from Dammam, while 15 were recruited from Jeddah.

Table 5-1 Response rate for children's questionnaires

SN	Name of orphanage	Number of participants opting out	Number of incomplete questionnaires	Completed questionnaires			Number of participants contacted	Response Rate %
				Male	Female	Total		
1	Social Nurseries Home	10	5	24	36	60	75	80
2	Social Alrabwa Villas	7	3	20	30	50	60	83
3	Social Education Home	8	4	10	20	30	42	71
4	Dammam Social Nurseries	8	4	24	35	59	71	83
5	Jeddah Social Nurseries	8	5	27	35	62	75	83
Total		41	21	105	156	261	323	80

5.2.7.2 Recruitment of orphanage staff

With respect to the Survey Response Rate achieved for the recruitment of orphanage staff, Table 6 demonstrates that the response rate ranged from 75-79 for the four orphanage institutions and Dammam Social Nurseries, respectively. However, the total response rate achieved for the recruitment of staff was 75%, which can be categorised as being very good based on the classification of the social researchers and methodologists (Bryman, 2012).

Table 5-2 Response rate for orphanage staff members questionnaires

SN	Name of orphanage	Number of participants opting out	Number of incomplete questionnaires	Completed questionnaires			Number of participants contacted	Response Rate %
				Male	Female	Total		
1	Social Nurseries Home	3	3	6	10	16	22	73
2	Social Alrabwa Villas	3	2	2	8	10	15	66
3	Social Education Home	2	2	2	5	8	12	66
4	Dammam Social Nurseries	2	2	-	12	12	16	75
5	Jeddah Social Nurseries	3	2	-	15	15	20	75
Total		13	11	10	51	61	85	72

5.2.8 Procedure

Permission was obtained from the relevant organisations: University of Bedfordshire (Appendix 3.3), Shaqra University (Appendix 3.3), the Ministry of Social Affairs (Appendix 3.3), in addition to adult participants individually in writing after information was provided (Appendix 2.2). Furthermore, children provided their assent (Appendix 2.2). The details about ethical considerations are explained in-depth in Section 3.2.3. All questionnaires were under the researcher's supervision. The researcher handed in all the questionnaires to orphanage staff to complete during working hours, while the researcher waited nearby to answer any relevant questions. For cultural reasons, the researcher, who is female, distributed and collected the questionnaires only to female adult staff, while an appropriately qualified male member of staff facilitated the delivery of questionnaires to male staff (Lemamsha, 2016). All the children's

questionnaires were distributed and collected by the researcher. Children were supported by the researcher as described in the separate ethics section. Using a coding system that was only known to the researcher, children's data was linked with the corresponding staff data (each staff members cares for roughly 8 children). The same coding system was also used to conduct Study II. Study II Time 2 involved the collection of the same questionnaires one year after Time 1, from the same staff and children.

As part of the procedure the Ministry of Social Affairs requested that the researcher confirmed that children and staff understood the questionnaire. There were several important reasons for doing this, which included evaluation of the feasibility of the fieldwork, to set the questionnaire completion times, to find any practical problems and to test the viability of the translated version questionnaire from the perspective of the participants.

The researcher conducted interviews with orphans and staff members at an orphanage on 6th June 2015 at 3:00pm to gauge the questionnaire completion rates. The interview took on average of 45-60 minutes. Thus, 50 minutes was established as the time required to complete each questionnaire.

5.2.9 Ethical considerations

5.2.9.1 Ethical approval

Ethical approval for this research was sought from the Ethics Committee (IASR) at the University of Bedfordshire, in the UK (Appendix 3.3). Likewise, approval was obtained from Shagra University Al-Muzahmia, Riyadh, regarding surveying the orphanages (Appendix 3.3). Being an employer of the researcher, Shagra University made a request to the Ministry of Social Affairs on behalf of the researcher to conduct research at the orphanages. The Ministry of Social Affairs subsequently sent letters to each of the orphanages informing them of the study and requesting that they assist and accommodate the researcher. The Ministry and

orphanages were informed of the purpose of the study. Furthermore, appointments with individual carers were arranged at least a fortnight prior to the completion dates. The number of participants requested to complete questionnaires per visit was reliant on the institution's arrangements.

5.2.9.2 Consent form

For phase two of the mixed method design, participants who read the information sheet (Appendix 3.2) and agreed to participate in the "questionnaire", were asked to sign an Informed Consent Form (ICF) (Appendix 3.2). This informed the person that their details were to be kept confidential and that they could withdraw from the programme at any time. Furthermore, participants were informed that any published data from the study would be anonymous.

5.2.9.3 Freedom to withdraw

Participants were informed that participation was voluntary and that they could withdraw from the study at any time. Participants were also informed that they could abstain from questions or any part of the study.

5.2.9.4 Staff

Staff were given an information sheet and a participant consent form. They were informed where the study would take place and how the participants were expected to complete the questionnaires. Specifically, the researcher distributed informed consent forms which included aims, procedures, the benefits of participation and research outcomes to each of the participating staff. They were given a week to read through and note down any questions or comments relating to the study, which allowed potential participants to make an informed decision about their willingness to participate. The study is anonymous and no names are included. The staff were informed that the data was kept in a secure location for the duration

of the study and that it might be published in academic journals. All information retained in hard copies was kept securely under lock and key. Electronic information was kept in a password protected computer, which was kept in a secure, locked cabinet.

5.2.9.5 Children

As children are not of the age to give legal consent to participate in the study, their assent rather than consent was required. Assent is the child's affirmative agreement to participate in the research. The children were given an information sheet regarding the study which included the purpose of the research, what could happen if they assist with the research, what could happen if they decide not to participate (from the beginning or during the research) and furthermore, what they can do if they were not happy with the way the research is being conducted. The researcher confirmed with the children verbally if they understood the information sheet and gave them the opportunity to ask more questions before they agreed.

To ensure confidentiality and anonymity, questions did not include participants' first names or addresses. Children were requested to complete the questionnaires in one sitting with the researcher, in order to avoid children writing confidential information in the presence of their carers. The researcher allowed participants to ask questions and make comments on the study. It was expected that participants would not suffer any stress (physical or mental) during the process. Owing to the variations in ages of the children's sample, it was necessary to provide two different information sheets, one for the younger children, where the language was simple and easy to understand and one for the older children, where the language was suitable for their age and understanding. The information sheets were verified with children of an appropriate age to ensure that they were readable and could be understood.

5.3 Data Analysis

Statistical Package for Social Sciences was used to perform the data analysis. Descriptive statistics were used to describe demographic data, whereas frequency statistics displayed

percentage distributions and percentiles. Univariate analyses and multivariate inferential statistical tests were carried out using cross-tabulation. A p-value of 0.05 or less was considered statistically significant. Statistical analyses of data were conducted, including correlations, moderation.

Data were arranged in SPSS in such a way so that children were entered as cases with all children variables and staff variables presented as separate SPSS variables. Information from each staff member was inputted under the corresponding variable (e.g. staff anxiety) at the space corresponding to the child that member of staff was caring for. In that way children and staff variables could be included in the same analyses, primarily moderation and mediation.

5.3.1 Results

5.3.1.1 Cronbach's alpha for each questionnaire used for the children

From the Tables in Appendix 5, Cronbach's alpha (α) for the SDQ construct was somewhat high (0.85), indicating that the reliability for this dimension was good. The lowest corrected Item-total correlation was .001 and .008, resulting from SDQ_1 and SDQ2_3. The resulting Cronbach's alpha became 0.81 if these items were deleted, and no considerable increase was seen compared with the overall Cronbach's alpha (α) for SDQ. Therefore, SDQ_9 and SDQ_17 were retained. Cronbach's alpha (α) for the coping ambivalence construct was somewhat high (0.82), suggesting that the reliability of this dimension was good. The lowest corrected item-total correlation was 0.238 resulting from COP_AMBIV_3. Hence, the resulting Cronbach's alpha (α) became 0.89 if COP_AMBIV_3 was deleted, and no considerable increase was seen compared with the overall Cronbach's alpha for COP AMBIVA. Therefore, COP_AMBIV_3 was retained. Cronbach's alpha for coping avoidance was 0.79, indicating that the reliability of this dimension was good. The lowest corrected item-total correlation was 0.104, resulting from COP_AVOID_9. Therefore, the resulting Cronbach's alpha became 0.72

if COP_AVOID_9 was deleted, and where a very low increase was seen compared with the overall Cronbach's alpha for coping avoidance. Therefore, COP_AVOID_9 was retained.

5.3.1.2 Cronbach's alpha for each questionnaire used for staff

Based on the Tables provided in Appendix 5.1, Cronbach's alpha (α) for the staff avoidance construct was slightly high (0.83), signifying that the reliability for this dimension was good. The lowest corrected item-total correlation was 0.208, resulting from STAFF_ECR21. Consequently, the resulting Cronbach's alpha (α) if STAFF_ECR21 was deleted and became 0.84, and no considerable increase was seen compared with the overall Cronbach's alpha for staff avoidance. Therefore, STAFF_ECR21 was retained. Similarly, in terms of Cronbach's alpha, the staff anxiety construct was somewhat high (0.80), indicating that the reliability for this dimension was good (see Appendix 8.10). The lowest corrected item-total correlation was -0.034, resulting from STAFF_ECR24. Hence, if STAFF_ECR24 was deleted, the resulting Cronbach's alpha became 0.84, and no considerable increase was seen compared with the overall Cronbach's alpha for staff anxiety.

Therefore, STAFF_ECR24 was retained. Cronbach's alpha (α) for the MBI construct was 0.86, indicating that the reliability for this dimension was acceptable. The lowest corrected item-total correlation was -.23 and -0.30, resulting from STAFF_MB12. Therefore, if this item was deleted, the resulting Cronbach's Alpha (α) became approximately 0.87, where a noticeable increase was seen compared with the overall Cronbach's alpha for MBI. Therefore, STAFF_MB12 could be retained. Cronbach's alpha in relation to the GHQ construct was 0.92, signifying that the reliability of this dimension was acceptable. The lowest corrected item-total correlation was .34, resulting from GHQ_11. Thus, if this item was deleted, the resulting Cronbach's Alpha became approximately 0.93, and no noticeable increase was seen compared with the overall Cronbach's alpha for GHQ. Therefore, GHQ_11 could be retained.

Overall, the Cronbach's alpha for all constructs was very good. Consequently, the internal consistency obtained from the data was achieved.

5.3.1.3 Threshold

Thresholds in data collection tools have cut off points which delineate low, moderate and high levels. For example, in Maslach's Burnout Inventory (MBI), the cut off points for the 3 sections are as follows: Personal Achievement: Low = 33 or higher, Moderate = 34-39 and High = 40++. Burnout: Low = 17 or less, Moderate 18-29 and high is 30++. Regarding Depersonalisation: Low = 5 or less, Medium 6-11, High 30++. Maslach et al. (2001), suggested measurements of burnout using cut off points as seen above. However, Schaufeli & Van Dierendonck, (1995), argued with the measurement emphasis on the arbitrary nature of the cut off points. Schaufeli & Janczur (1994), concurred stating the fact that the cut off points delineate low, moderate and high thresholds. They further went on to suggest that the placing of staff within these thresholds can be attributed to a variation in cultural values. For example, they highlight that staff in Europe are more likely to suffer lower exhaustion rates compared to their North American counterparts. Moreover, Maslach et al. (2001), agrees that levels of burnout should vary in different countries.

The threshold was presented in this study to explore the distribution of data in terms of the low and high construct (see Table 9). For children, the SDQ is considered to be high if the total score of SDQ is more than 19. From Table 9, most of the children (98.5%) had high SDQ (>19). Moreover, all children (100%) were found to have more than low SEC (>15) (see Table 7). In terms of coping ambivalence, most of the children (96.6%) showed higher than the low threshold of (>15). Additionally, the vast majority of the children (99.2%) revealed higher than the low threshold in relation to coping avoidance (>15) (see Tables 11).

Table 5-3 Thresholds for the constructs in the study

Construct	Threshold
Children	
SQD-total	High ≥ 19
SEC-total	High ≥ 15
Child - ambivalence	High ≥ 15
Child - avoidance	High ≥ 15
Staff	
Staff - avoidance	High ≥ 72
Staff - anxiety	High ≥ 72
GHQ-12	High ≥ 12
Staff MBI	High > 30

Table 5-4 Children's strengths and difficulties

Threshold	Frequency	Percent
Low need < 19	4	1.5
More than low need ≥ 19	257	98.5
Total	261	100.0

Table 5-5 Security scales for the children

Threshold	Frequency	Percent
More than low secure > 15	261	100
Total	261	100.0

Table 5-6 Coping ambivalence for the children

Threshold	Frequency	Percent
Low child ambivalence <15	9	3.4
More than low child ambivalence >=15	252	96.6
Total	261	100.0

Table 5-7 Coping avoidance for the children

Threshold	Frequency	Percent
Low secure <15	2	.8
More than low secure >=15	259	99.2
Total	261	100.0

For staff, numerous observations (87%) showed more than low avoidance (≥ 73) (see Table 12). Similarly, very high staffing levels (92.3%) demonstrated more than low anxiety (≥ 73) (see Table 13). In addition, very high staffing levels (88.5%) revealed more than a low GHQ (>12) (see Table 14).

Table 5-8 Avoidance for staff

Threshold	Frequency	Percent
Low <72	34	13.0
Lower ≥ 72	227	87.0
Total	261	100.0

Table 5-9 Anxiety for staff

Threshold	Frequency	Percent
Low <72	20	7.7
Lower >=72	241	92.3
Total	261	100.0

Table 5-10 GHQ for staff

Threshold	Frequency	Percent
Less than high<12	30	11.5
More than high >=12	231	88.5
Total	261	100.0

Table 5-11 MBI for staff

Threshold		Frequency	Percent
Valid	3.00 High	261	100.0

5.4 Differences between the five selected orhanges

Some significant differences were found across the different sites of data collection. The results of the one-way MANOVA are presented in the tables below.

Table 5-12 One-way MANOVA and ANOVA for child attachment

Sub scale	MANOVA			ANOVA	
	Wilk's lambda	F	p-value	F	p-value
SEC	.012	7194.13	<.001	40.69	<.001
Ambivalence				24.68	<.001
Avoidance				13.37	<.001

Table 5-13 Mean and SD for child attachment

Child attachment	Region where the staff works		
		Mean	SD
SEC	Damam	34.14	9.32
	Riyadh Nursery	24.93	5.86
	Riyadh Villa arab wa	23.07	3.22
	Riyadh Education Boys	29.07	7.11
	Jiddah	20.92	2.95
Ambivalence	Damam	24.58	8.22
	Riyadh Nursery	32.79	4.20
	Riyadh Villa arab wa	32.83	4.02
	Riyadh Education Boys	25.80	7.74
	Jiddah	27.58	3.49
Avoidance	Damam	20.66	4.03
	Riyadh Nursery	24.53	4.10
	Riyadh Villa arab wa	25.24	4.21
	Riyadh Education Boys	21.90	3.11
	Jiddah	24.60	3.78

Significant differences were found in relation to child attachment and SDQ.

Table 5-14 One-way MANOVA for SDQ

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	Pro social	.034	1427.04	<.001	16.31	<.001
	Hyperactivity				35.13	<.001
	Emotional symptoms				17.42	<.001
	Conduct problem				14.80	<.001
	Peer problems				14.51	<.001

Significant differences were also found in relation to adult attachment and MBI.

Table 5-15 Mean and SD for SDQ

SDQ	Region where the staff works		
		Mean	SD
Pro social	Damam	6.02	1.56

	Riyadh Nursery	6.31	1.53
	Riyadh Villa arab wa	6.62	1.45
	Riyadh Education Boys	4.90	1.09
	Jiddah	5.68	1.25
	Total	5.98	1.49
Hyperactivity	Damam	6.85	2.02
	Riyadh Nursery	7.18	1.72
	Riyadh Villa arab wa	8.52	1.37
	Riyadh Education Boys	6.30	1.74
	Jiddah	8.10	1.33
	Total	7.44	1.81
Emotional symptoms	Damam	5.81	1.42
	Riyadh Nursery	6.41	1.58
	Riyadh Villa arab wa	6.93	1.22
	Riyadh Education Boys	5.13	1.11
	Jiddah	5.95	1.48
	Total	6.10	1.50
Conduct problem	Damam	6.15	2.13
	Riyadh Nursery	6.85	1.93
	Riyadh Villa arab wa	8.05	1.51
	Riyadh Education Boys	5.17	1.95
	Jiddah	7.32	1.23
	Total	6.80	1.96
Peer problems	Damam	5.66	1.45
	Riyadh Nursery	6.26	1.64
	Riyadh Villa arab wa	6.95	1.25
	Riyadh Education Boys	4.60	1.07
	Jiddah	5.69	1.25
	Total	5.91	1.53

Table 5-16 One-way MANOVA and ANOVA for adult attachment

Sub scale	MANOVA			ANOVA	
	Wilk's lambda	F	p-value	F	p-value
Avoidance	.017	7159.72	<.001	34.864	<.001
Anxiety				25.052	<.001

Table 5-17 Mean and SD for adult attachment

Adult attachment	Region where the staff works		
		Mean	SD
Avoidance	Damam	81.34	17.48
	Riyadh Nursery	88.96	6.76
	Riyadh Villa arab wa	100.3	5.23
	Riyadh Education Boys	74.37	16.59
	Jiddah	79.29	5.06
	Total	85.09	13.67
Anxiety	Damam	80.14	20.25
	Riyadh Nursery	90.06	5.69
	Riyadh Villa arab wa	104.2	2.81
	Riyadh Education Boys	79.83	23.65
	Jiddah	91.53	5.73
	Total	89.28	15.43

Table 5-18 One-way MANOVA for BMI

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	Emotional Exhaustion	.019	4303.42	<.001	37.106	<.001
	Depersonalization				12.760	<.001
	Personal accomplishment				16.771	<.001

Table 5-19 Means and SDs for MBI

MBI	Region where the staff works		
		Mean	SD
Emotional Exhaustion	Damam	32.29	5.82
	Riyadh Nursery	37.85	2.84
	Riyadh Villa arab wa	32.36	4.21
	Riyadh Education Boys	31.30	9.17
	Jiddah	40.73	3.05
	Total	35.64	6.16
Depersonalization	Damam	18.83	3.61

	Riyadh Nursery	19.22	2.07
	Riyadh Villa arab wa	18.90	2.64
	Riyadh Education Boys	18.67	5.67
	Jiddah	22.24	2.37
	Total	19.74	3.47
Personal accomplishment	Damam	27.22	5.01
	Riyadh Nursery	32.28	2.62
	Riyadh Villa arab wa	28.95	3.08
	Riyadh Education Boys	27.43	7.58
	Jiddah	31.94	3.90
	Total	29.96	4.88

5.4.1 Descriptive and demographic characteristics

Table 16, Section 1 of the questionnaire collected the demographic information of the participants. Regarding the orphans: 156 were female (65.7%) and 105 were male (43.3%). The percentage of ages were 17.3% for Pre-school: 3-5 years re: Grade-schoolers: 31% for 5-12-year olds and adolescents and 51.5% in relation to 12-19-year olds respectively. Regarding the orphanage's staff: 51 were female (84%) and 10 were male (16%). In relation to the 61 participants, most of them were aged between 56–65 years (65%). For all groups, females had the higher participation rate. Most participants are married (84%) and all the participants are Muslims. Concerning education, 31% of the participants achieved qualifications at the higher educational level, 54% at the secondary level, while 13% had received a primary education or were illiterate.

Table 5-20 Demographics data

Demographics of children and teens	Number	Percentage (%)
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<u>Gender:</u>		
Male (M)	105	43.3%
Female (F)	156	65.7%
<u>Age:</u>	N (M& F)	
Pre-school: 3-5 yrs.	45 (27 & 18)	17.3%
Grade-schooler: 5-12 yrs.	81 (30 & 51)	31 %
Adolescents: 12-19 yrs.	135 (56 & 79)	51.7 %
Demographics of orphanages staff	Number	Percentage (%)
<u>Gender:</u>		
Male (M)	10	16 %
Female (F)	51	84 %
<u>Age:</u>		
30-45	12	20%
46- 55	15	25%
56-65	34	65%
<u>Marital Status:</u>		
Single (Unmarried)	10	16 %
Married♦	51	84 %
<u>Religion:</u>		
Islam	61	100 %
<u>Education level:</u>		
Primary	8	13 %
Secondary	33	54 %
Higher	20	33 %

Married♦: "Being married, divorced, separated & widowed."

5.4.2 Descriptive years of experience of the orphanage caregivers

Table 5.21 shows the descriptive statistics for univariate of data years of experience of the orphanage caregivers. The mean of years of experience of the orphanage caregivers was (11.52

SD= 3.69). Other measures of central tendency that were used attempts to describe the years of experience of the orphanage caregivers which were: Median (12), Minimum (1) and Maximum (20).

Table 5-21 Descriptive years of experience of the orphanage caregivers

Case Summaries				
Years of experience of the orphanage caregivers				
Mean	Median	Minimum	Maximum	Std. Deviation
11.5249	12.0000	1.00	20.00	3.69047

Table 5.16 shows the correlation between years of experience of the orphanage caregivers and MBI. In time 1: there is a significant negative correlation between years of experience of the orphanage caregivers and MBI, which was statistically significant (Corr =-.394, $p=.009$). In time 2: there is a significant negative correlation was found between years of experience of the orphanage caregivers and MBI, which was statistically significant (Corr =-.569, $p=.009$). Experience mean=11.52 years and SD=3.69 years

Table 5-22 Correlation between years of experience of the orphanage caregivers and BMI

		Total_ST AFF_MBI_ T1	STAFF_M BI_T2	Experience of the orphanage caregivers
Total_STAFF_MBI_T1	Pearson Correlation	1	.941**	-.394**
	Sig. (2-tailed)		.000	.000
	N	261	214	261
STAFF_MBI_T2	Pearson Correlation	.941**	1	-.569**
	Sig. (2-tailed)	.000		.000
	N	214	214	214
Experience of the orphanage caregivers	Pearson Correlation	-.394**	-.569**	1
	Sig. (2-tailed)	.000	.000	
	N	261	214	261

** . Correlation is significant at the 0.01 level (2-tailed).

5.4.3 Statistical analysis

The hypotheses of interest were tested using two statistical approaches: simple correlation and moderation regression.

5.4.3.1 Results for hypothesis 4-13:

In this study, 10 hypotheses focus on the trend and strength of the correlation between two constructs to achieve a more comprehensive understanding of the relationship between the perceptions of the orphanage's staff members, quality of staff attachment and orphan behaviour. The strength of the relationship between two variables, state that constructs are statistically measured using a simple correlation matrix. For the interpretation of correlation matrix values, the research applies guidelines which are: weak ($r=.10$ to $.29$), medium ($r=.30$ to $.49$) and strong ($r=.50$ to 1.0) (Cohen, 1988). Table 19 presents the bivariate correlation matrix and alpha of the variables. To address the hypothesis the researcher achieved a series of correlations.

Table 17 presents a highly significant positive correlation SDQ in children and staff burnout (MBI); thus, Hypothesis 1 was supported. There was a positive correlation between child SDQ and staff attachment styles (ECR), which was very highly significant; hence, Hypothesis 2 was supported. Moreover, a positive correlation was observed between the SDQ and anxiety, which was very highly significant; therefore, Hypothesis 3 was supported. The resulting correlation between child SDQ and staff avoidance was positively good and it was very highly significant (see Table 17); hence, Hypothesis 4 was supported.

The resulting correlation given in Table 17, indicated there was a highly significant positive correlation between ECR avoidance and MBI. Furthermore, there was a highly significant positive correlation between MBI and ECR anxiety; consequently, Hypothesis 5 was validated. Moreover, there was a moderate negative correlation between them which was very highly

statistically significant; therefore, Hypothesis 6 was supported. Based on the resulting correlation given in Table 17, there was a moderate positive correlation between staff avoidance and child ambivalence, which was significant; hence, Hypothesis 7 was supported. A moderate and negative correlation between staff avoidance and child ambivalence was found, which was very highly significant; therefore, Hypothesis 8 was supported. There was a negative but moderate correlation between MBI and child SEC, which was very highly significant; hence, Hypothesis 9 was supported. There was a moderate negative correlation between the GHQ and child SEC, which was very highly significant; consequently, Hypothesis 10 was supported. Overall, the nine hypotheses were statistically accepted.

Table 5-23 Correlations between the variables in this study

	SDQ	Child Secu rity	Child Ambi valen ce	Child Avoid ance	Staff Avoid ance	Staff Anxie ty	Adult Attach ment	General Health Question naire	Staff Burnout
SDQ Mean=32.20 SD=6.60	1	-.25**	.206**	.19**	.48**	.38**	.45**	-.011	.28**
Child Security Mean=26.23 SD=7.83		1	-.29- **	-.25**	-.11	-.29- **	-.22**	-.30- **	-.28- **
Child Ambivalence Mean=28.90 SD=6.63			1	.15*	.26**	.06	.17**	-.03	.05
Child Avoidance Mean=23.48 SD=4.28				1	.24**	.22**	.24**	.07	.08
Staff avoidance Mean=85.09					1	.78**	.94**	-.10	.23**

	SDQ	Child Secu rity	Child Ambi valen ce	Child Avoid ance	Staff Avoid ance	Staff Anxie ty	Adult Attach ment	General Health Question naire	Staff Burnout
SD=13.67									
Staff anxiety Mean=89.27 SD=15.43						1	.95**	.09	.39**
Adult Attachment Mean=174.37 SD=27.43							1	.001	.33**
General Health Mean=20.82 SD=7.88								1	-.18-**
Staff Burnout Mean=85.04 SD=13.38									1

** . Correlation is significant at the 0.01 level (2-tailed) * . Correlation is significant at the 0.05 level (2-tailed).

5.5 Moderated Regression

One of the important goals of this study is to examine whether, for example, child SEC as the independent variable (IV) is a variable that specifies conditions under which a given staff anxiety as a moderator is related to a behaviour problem, as the dependent variable (DV). Moderating variable implies an interaction effect showing changes in the direction or magnitude of the relationship between two variables. The study investigated fifteen hypotheses concerning moderation effect. Hierarchical multiple regression is employed to assess the effects of a moderating variable on two variables of interest (Cohen,1983). The

effect of a moderating variable is characterised statistically as an interaction. The multiplication of independent variable and moderator results in the interaction variable.

To avoid the issue of multicollinearity that may emerge through using the interaction variable, independent variables were centred. In this study, the effect of the moderator was controlled by gender and the age of children, GHQ and MBI. The regression assumption for the data normality was examined using pp-plot, and the issue of multicollinearity was also examined using VIF. In the results, R and adjusted-R square explaining the variation in SDQ due to a variable in the model were reported. Moreover, the change in the variation in SDQ due to the interaction term and adding control variables was reported. The F-test for ANOVA testing the model fit and a significant change in model fitting were reported. The significant effect of each variable in the model was examined by means of a t-test.

5.5.1 Results for Hypothesis 14:

Concerning the regression model that addressed this hypothesis, (Table 18), all VIFs for the examination of the multicollinearity issue were fewer than 10. Moreover, the issue was not present among the variables in the model. The multiple regression revealed that adding variables contributed significantly to the regression model regarding the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Similarly, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between child security and staff attachment anxiety was not significant ($p > .05$), suggesting that the effect of child security on the SDQ did not depend on staff attachment anxiety.

Table 5-24 Moderating effects of staff avoidance on the link between child security and child behavioural problems

Dependent variable	Independent variables	Beta^a	p-value^a	R²	Adj R²	ΔF (p)	Df
SDQ	Step 1						
	Child's	-.19	.001	.16	.16	25.90	2,258
	Gender	.004	.953			.000	
	Child's Age	-.03	.570				
	GHQ	.12	.048				
	MBI- Total						
	Step 2						
	Staff	.30	.006	.16	.15	.211	1,
	anxiety	-.12	.410			.646	257
	Child SEC						
	Step 3						
	Child	-.02	.849	.23	20	4.654.651	4,253
	SEC*staff					.001	
	anxiety						

* ^a mean –Beta and p refer to final model

Regarding staff attachment avoidance as the moderator, Table 19 revealed the lack of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. The multiple regression revealed that adding variables contribute significantly to the regression model of the SDQ. The amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Likewise, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between child security and staff avoidance was not significant (p –value>.05), suggesting that the effect of child security on SDQ did not depend on staff avoidance .

Table 5-25 Moderating effects of staff avoidance on the link between child security and child behavioural problems

Dependent variable	Independent variables	Beta^a	p-value^a	R²	Adj R²	ΔF (p)	Df
SDQ	Step 1						
	CHILD GENDER	-.15	.006	.27	.27	49.4	2,25
	CHILD AGE	.025	.659			.000	
	GHQ	.03	.607				
	MBI- Total						
	Step 2						
	Staff avoidance	.41	.000	.27	.26	.133	1,25
	Child SEC- Total	-.17	.252			.716	
	Step 3						
	Child SEC* staff avoidance	.01	.909	.32	.30	3.939)	4,25
						.004	

* ^a mean –Beta and p refer to final model

5.5.2 Results for Hypothesis 15

Concerning staff attachment anxiety as the moderator, Table 20 presented the lack of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. The multiple regression revealed that adding variables contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Additionally, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between staff attachment anxiety and child avoidance was not significant (p –value>.05),

suggesting that the effect of child avoidance on SDQ did not depend on staff attachment anxiety.

Table 5-26 Moderating effects of staff attachment anxiety on the link between child avoidance and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	CHILD	-.16	.004	.15	.15	24.06	2,25
	GENDER						
	CHILD AGE	.01	.837			.000	
	GHQ						
	MBI- Total						
	Step 2						
	Staff anxiety	.42	.000	.16	.15	.772	1,257
	Child avoidance	.10	.424			.380	
	Step 3						
	Child avoidance	-.03	.815	.22	.20	5.340	4.253
	*Staff Anxiety					.000	

* ^a mean –Beta and p refer to final model

In relation to staff attachment avoidance as the moderator, Table 21 illustrated that the issue of multicollinearity is not present, as all VIFs for the entire independent variables were fewer than 10. The multiple regression revealed that adding variables did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2

(with the interaction) is not significantly greater than Step 1 (without the interaction). The adjusted model (Step 3) significantly adjusted the effect of the interaction variable and (p-value=0.012). The interaction between staff avoidance and child avoidance was significant (p-value=0.012), suggesting that the effect of child avoidance depended on staff attachment avoidance. Figure 5 illustrated that low child avoidance with low staff avoidance could be associated with a slightly higher SDQ compared with high child avoidance with low staff avoidance. Conversely, low child avoidance with high staff avoidance could be associated with a lower SDQ, compared with high child avoidance in conjunction with high staff avoidance.

Table 5-27 Moderating effects of staff attachment avoidance on the link between child avoidance and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.14	.007	.24	.23	41.60	2,258
				.25	.24	.000	1,257
	Child's age	.009	.863			2.90	
	GHQ	.083	.121				
	MBI-Total	.23	.000				
	Step 2						
	Staff avoidance	.14	.237	.16	.15	.772	1,257
	Child avoidance	-.36	.04			.380	
	Step 3						
	Child avoidance	.57	.012	.32	.30	6.567	4,253
	*Staff avoidance					.000	

* ^a mean –Beta and p refer to final model

Figure 5 illustrated the moderation effect of staff attachment avoidance on the relationship between child avoidance and SDQ. In particular, when child avoidance is high, relatively high staff avoidance is linked with relatively high SDQ scores. When child avoidance is low, staff avoidance does not have the same effect; therefore, Hypothesis 12 is supported.

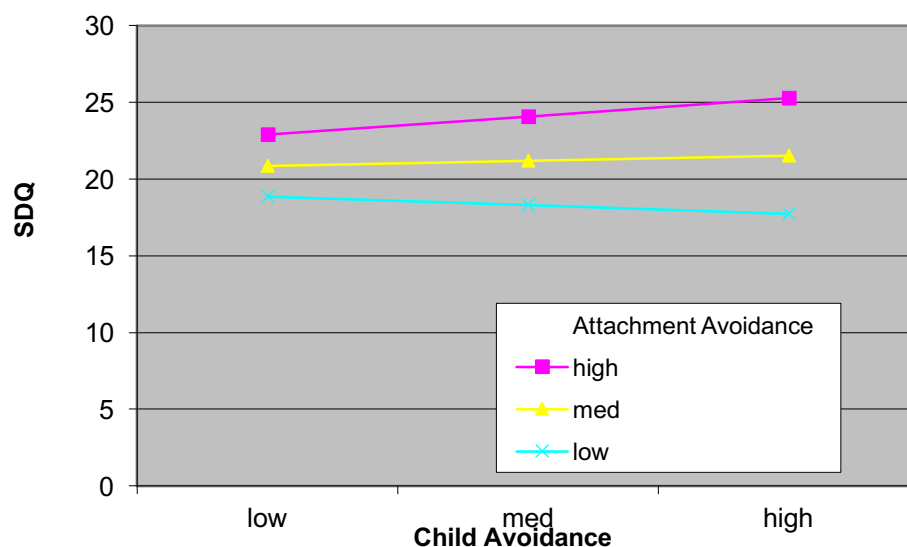


Figure 5-3 Staff attachment as the moderator in the relationship between child avoidance staff and SDQ

5.5.3 Results for Hypothesis 16

Regarding staff attachment anxiety as the moderator, Table 22 demonstrated the lack of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. The multiple regressions revealed that adding variables contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) was significant. The interaction between staff attachment anxiety and child AMBIVA was significant (p -value=0.024). For the adjusted model (Step 3), the interaction between staff attachment anxiety and child ambivalence was not significant (p -value>.05), suggesting that the effect of interaction was not controlled by gender, age, GHQ and MBI. +6.

Table 5-28 Moderating effects of staff attachment anxiety on the link between staff ambivalence and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.16	.007	.17	.17	28.17	2,25
	Child's age	.03	.56			.000	8
	GHQ	.02	.653				
	MBI	.16	.009				
	Step 2						
	Staff anxiety	.35	.000	.19	.18	5.14	1,25
		-.08	.573			.024	
	Child ambivalence						
	Step 3						
	Ambivalence*staff anxiety	.27	.083	.24	.22	4.06	4,25
						.003	

* ^a mean –Beta and p refer to the final model.

In relation to staff attachment avoidance as the moderator, Table 23 presented the lack of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. Step 1 was statistically significant, but adding the interaction variable to Step 2 did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Likewise, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between staff attachment avoidance and child ambivalence was not

significant (p –value>.05), suggesting that the effect of the child AMBIVA did not depend on staff attachment avoidance.

Table 5-29 Moderating effects of staff attachment avoidance on the link between child ambivalence and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.15	.008	.24	.23	41.71 .000	2,25
	Child's age	.01	.738				
	GHQ	.09	.099				
	MBI- Total	.20	.000				
	Step 2						
	Staff avoidance	.41	.000	.24	.23	.020 .888	1,25
	Child ambivalence	.04	.78				
	Step 3						
	Child ambivalence	.03	.834	.30	.28	5.61 .000	4,25
	*Staff avoidance						

- ^a mean –Beta and p refer to the final model

5.5.4 Results for Hypothesis 17

Table 24 revealed that the issue is not present, seeing as all VIFs for the entire independent variables were fewer than 10. The multiple regression revealed that adding the interaction variable did not contribute significantly to the regression model of the SDQ. The adjusted model (Step 3) did not significantly adjust the effect of interaction variable. The interaction between staff GHQ and child security was not significant, suggesting that the effect of staff

GHQ anxiety did not depend on child security. Hence, child security did not moderate the effects of staff psychological distress measured by GHQ on SDQ.

Table 5-30 Moderating effects of the staff GHQ on the link between child security and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.21	.000	.07	.065	10.07	2,258
	Child's age	.05	.375			.000	
	MBI- Total						
SDQ	Step 2						
	Staff GHQ	.13	.238	.08	.074	3.405	1,257
	Child SEC – Total	-.19	.003			.066	
SDQ	Step 3						
	child SEC* staff GHQ	-.15	.163	.17	.151	8.77 .000	3,253

* ^a mean –Beta and p refer to final model

Table 30 portrayed that all VIFs for the examination of the multicollinearity issue were fewer than 10. The issue was not present among the variables in the model. The multiple regression revealed that adding interaction variable did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Additionally, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between child ambivalence and the staff GHQ was not significant (p –value>.05), suggesting that the effect of child ambivalence did not depend on GHQ.

Table 5-31 Moderating effects of staff GHQ on the links between child attachment ambivalence and child behavioural problems

Dependent variable	Independent variables	Beta^a	p-value^a	R²	Adj R²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.22	.001	.04	.03	5.74	2,258
	Child's age	-.08	.212			.004	
	Step 2						
	Child Ambivalence	.17	.004	.04	.03	.10	1,257
	Staff GHQ	.02	.70			.74	
	Step 3						
	Child Ambivalence*	.003	.966	.08	.06	6.09	2,252
	Staff GHQ					.003	

* ^a mean –Beta and p refer to final model

Table 29 demonstrated that all VIFs for the examination of the multicollinearity issue were fewer than 10. The issue was not present among the variables in the model. The multiple regressions illustrated that adding variables did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Similarly, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between staff GHQ and child avoidance was not significant ($p\text{-value} > .05$), suggesting that the effect of child avoidance did not depend on GHQ.

Table 5-32 Moderating effects of staff GHQ on the link between child avoidance and child behavioural problems.

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.23	.000	.037	.030	4.99	2,258
	Child's age	-.09	.133			.007	
	Step 2						
	Child Avoidance	.18	.003	.039	.028	.528	1,257
	Staff GHQ	.09	.53			.46	
	Step 3						
	Child Avoidance*	-.09	.540	.091	.073	7.25	2,252
	Staff GHQ					.001	

* ^a mean –Beta and p refer to final model

5.5.5 Results for Hypothesis 18

Table 31 showed that all VIFs for the examination of the multicollinearity issue were fewer than 10. The issue was not present among the variables in the model. The multiple regression demonstrated that adding the interaction variable did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Similarly, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between child ambivalence and the staff GHQ was not significant (p –value>.05); thereby signifying that the effect of the staff GHQ did not depend on child ambivalence.

Table 5-33 Moderating effects of staff MBI on the link between child ambivalence and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.21	.000	.12	.11	17.69	2,25
	Child's age	-.05	.34			.000	
	Step 2						
	Child ambivalence	.12	.034	.13	.12	3.14	1,25
	Staff MBI	.27	.000			.077	
	Step 3						
	Child ambivalence	-.12	.040	.17	.15	6.53	2,25
	*Staff MBI					.000	

* ^a mean –Beta and p refer to final model

Figure 10 revealed a moderate effect of child ambivalence in the relationship between staff with MBI (IV) and SDQ (DV). When child ambivalence was high SDQ scores were not significantly affected by staff burnout, whereas when child ambivalence was low SDQ scores were significantly affected by staff burnout. Therefore, the hypothesis was supported.

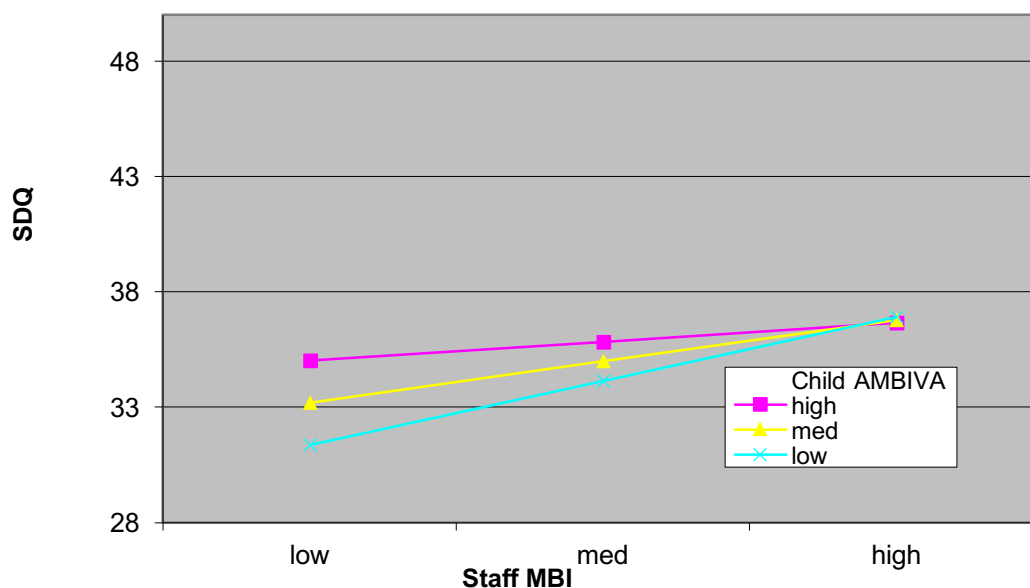


Figure 5-4 Staff burnout as a moderator on the relationship between child ambivalence and SDQ

Table 27 presented the lack of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. Step 1 was statistically significant with 34.1% of the variation. The multiple regression resulting from Step 2 revealed that adding the interaction variable contributed significantly to the regression model of the SDQ. Consequently, the amount of variance (38.45%) accounted for in Step 2 (with the interaction) was significant. The interaction between child security and MBI was significant (p -value=.002). Moreover, the adjusted model (Step 3) did not adjust the effect of the interaction variable. The interaction between child security and MBI remained significant (p -value=.001).

Table 5-34 Moderating effects of staff burnout on the link between child security and child behavioural problems.

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
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SDQ	Step 1						
	Child's gender	-.23	.000				
	Child's age	-.04	.46	.116	.10	16.92	2,258
	Step 2						
	MBI- Total	-.05	.603	.147	.13	9.37	1,257
	Child SEC						
	Step 3						
	Child SEC*staff	.35	.001	.199	.18	8.20	2,252
	MBI					.000	

* ^a mean –Beta and p refer to final model

Figure 8 illustrated the moderation effect of staff burnout on the relationship between child security (IV) and SDQ (DV). When child security was low SDQ scores were not significantly affected by staff burnout, but when child security was high staff with low burnout scores had less distressed children in their care. Therefore, the hypothesis that staff burnout would moderate the relationship between the child security and SDQ is supported.

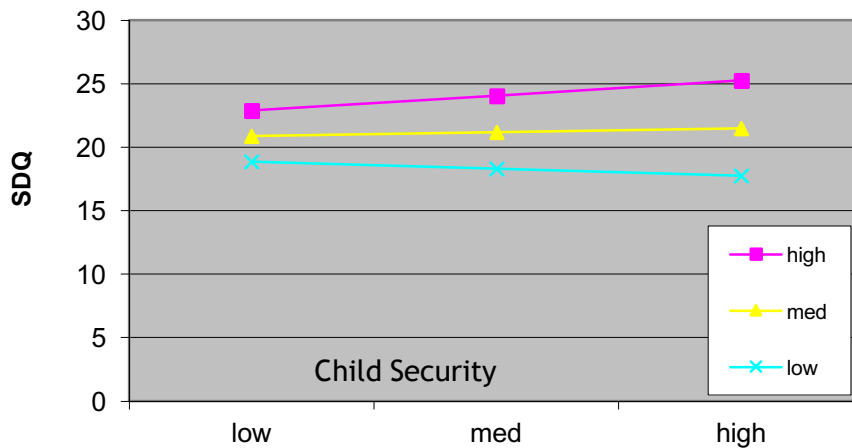


Figure 5-5 Staff MBI as a moderator of the relationship between child security and SDQ

Table 28 revealed the lack of multicollinearity, seeing as all VIFs for the entire independent variables were fewer than 10. The model was statistically significant with 33.6% of the variation. For Step 2, multiple regression revealed that adding variables did not contribute significantly to the regression model of the SDQ. Hence, the amount of variance (35.5%) accounted for in Step 2 (with the interaction) was insignificant. The interaction between child avoidance and MBI was not significant ($p\text{-value}=.05$). The adjusted model (Step 3) increased the variation to be 42.1% and adjusted the effect; hence, the interaction variable became significant ($p\text{-value}=.022$). Thus, the interaction between child avoidance and MBI was significant; thereby suggesting that the effect of the interaction was controlled by gender and age.

Table 5-35 Moderating effects of staff burnout on the link between child attachment avoidance and child behavioural problems.

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.23	.000	.11	.10	16.37 .000	2,25
	Child's age	-.59	.322				
	Step 2						
	Child avoidance	.15	.008	.12	.11	3.87 .050	1,25
	MBI	.56	.000				
	Step 3						
	Child avoidance	-.32	.022	.17	.16	7.92 .000	2,25
	*Staff MBI						

* ^a mean –Beta and p refer to final model

Figure 5.6 demonstrated the moderate effect of child avoidance in the relationship between staff with MBI (IV) and SDQ (DV). When staff MBI scores were high, SDQ scores were not significantly affected by child avoidance, whereas when staff MBI scores were low, SDQ scores were significantly affected by child avoidance. Furthermore, lower child SEC was related to lower SDQ. Therefore, the hypothesis that staff burnout would moderate the relationship between child avoidance and SDQ was supported.

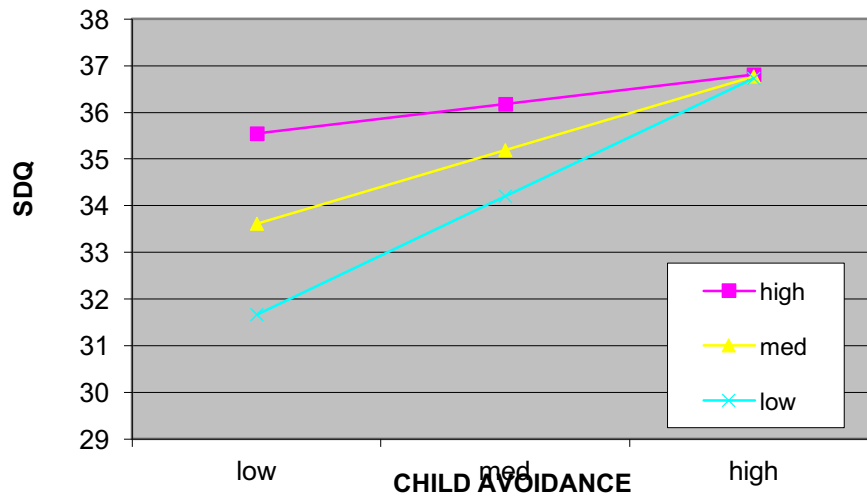


Figure 5-6 Staff burnout as the moderator of the relationship between child avoidance and SDQ

5.5.6 Results for Hypothesis 19

Concerning staff attachment anxiety as the moderator, Table 25 revealed the lack of multicollinearity, given that all VIFs for the entire independent variables were fewer than 10. Step 1 was statistically significant with 34% of the variation. The multiple regression revealed that adding the interaction variable contributed significantly to the regression model of the SDQ (Step 2). Hence, the amount of variance (41.5%) accounted for in Step 2 (with the interaction) was significant. The interaction between staff GHQ and staff attachment anxiety was significant (p -value=.006). Besides, the adjusted model (Step 3) did not adjust the effect of the interaction variable. The interaction was still significant (p -value=.004).

Table 5-36 Moderating effects of staff attachment anxiety on the link between the staff GHQ and child behavioural problems

Dependent variable	Independent variables	Beta^a	p-value^a	R²	Adj R²	ΔF (p)	Df
SDQ	Step 1						
	Child gender	-.20	.001	.14	.14	22.31	2,25
	Age	.007	.904			.000	
	Step 2						
	Staff GHQ	.42	.000	.17	.16	7.69	1,257
	Staff Anxiety	.34	.014			.006	
	Step 3						
	Staff GHQ*			.21	.19	6.19	2,252
	Staff anxiety	-.40	.004			.002	

* ^a mean –Beta and p refer to final model

Figure 6 illustrated the moderation effect of attachment anxiety in the relationship between GHQ (IV) and SDQ (DV). When staff GHQ scores were high, staff anxiety did not impact significantly on the SDQ of the child. In contrast, when staff GHQ scores were low, staff anxiety played a vital role. The SDQ scores were different; specifically, staff with higher anxiety tended to have children with higher SDQ, whilst staff experiencing low anxiety tended to have children with low SDQ. Therefore, the hypothesis that attachment anxiety would moderate the relationship between the staff GHQ and SDQ was supported.

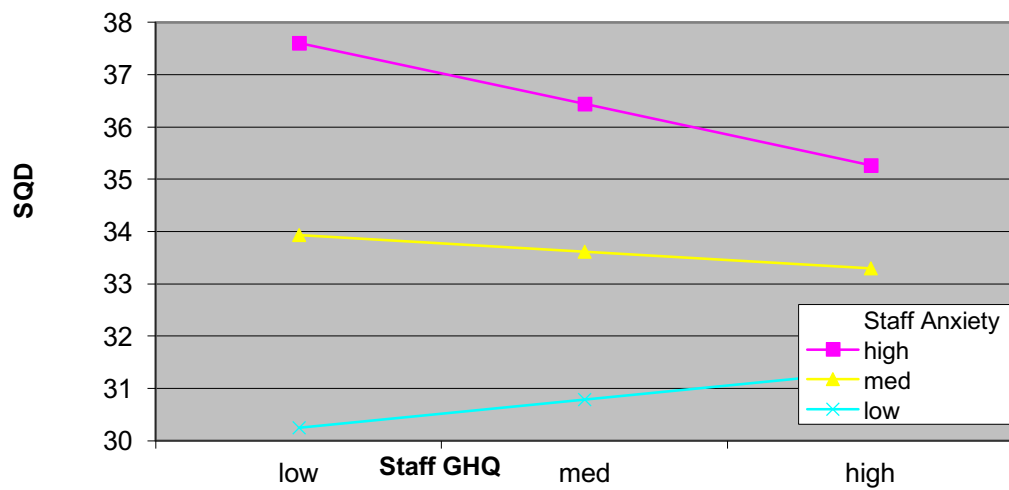


Figure 5-7 Moderating effects of staff attachment anxiety on the link between staff GHQ and child behavioural problems

In relation to staff attachment avoidance as the moderator, Table 26 demonstrated that the issue of multicollinearity was not present, seeing as all VIFs for the entire independent variables were fewer than 10. Step 1 was statistically significant with 49.8% of the variation. The multiple regression revealed that adding the interaction variable contributed significantly to the regression model of the SDQ. Thus, the amount of variance (50.6%) accounted for in Step 2 (with the interaction) is significant. The interaction between GHQ and staff avoidance was significant (p -value=.017). Moreover, the adjusted model (Step 3) did not alter the effect of the interaction variable. The interaction remained significant (p -value=.031). Thus, the interaction between the staff GHQ and attachment avoidance was significant; thereby suggesting that the effect of the interaction was not controlled by gender and age.

Table 5-37 Moderating effects of staff attachment avoidance on the link between the staff GHQ and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.14	.011	.23	.23	40.57	2,25
	Child's age	-.009	.869			.000	
	Step 2						
	Staff GHQ	.48	.000	.25	.24	5.78	1,25
	Staff Attachment Avoidance	.34	.017			.017	
	Step 3						
	Staff GHQ*	-.31	.031	.27	.26	3.49	2,25
	Staff Attach Avoidance					.032	

* ^a mean –Beta and p refer to final model

Figure 7 illustrated the moderation effect of attachment avoidance in the relationship between having staff with the GHQ (IV) and SDQ (DV). When GHQ scores were high, SDQ scores were not significantly affected by staff attachment, whilst when the staff GHQ scores were low, SDQ scores were significantly affected by staff attachment avoidance. Higher avoidance is related to a higher SDQ. Therefore, the hypothesis that staff attachment avoidance would moderate the relationship between staff GHQ and SDQ was supported.

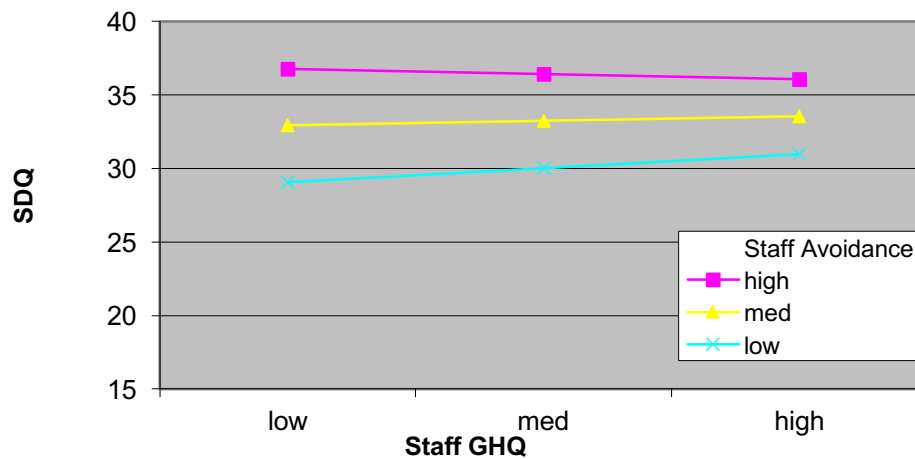


Figure 5-8 Moderating effects of staff attachment avoidance on the link between the staff GHQ and child behavioural problems

5.5.7 Results for Hypothesis 20

In reference to staff anxiety as IV, Table 32 confirmed that all VIFs for the examination of the multicollinearity issue was fewer than 10. The issue was absent from the variables in the model. The multiple regression revealed that adding the interaction variable did not contribute significantly to the regression model of MBI. Hence, the amount of variance accounted for in Step 2 (with the interaction) is not significantly more than Step 1 (without the interaction). Moreover, the adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between staff anxiety and child security was not significant ($p - \text{value} > .05$), suggesting that the effect of staff anxiety did not depend on the child security.

Table 5-38 Moderating effects of child security on the link between staff attachment anxiety and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	-.01	.792	.18	.17	28.48	2,25
	Child's age	.007	.902			.000	
	Step 2						
	Child SEC	-.16	.008	.18	.17	1.92	1,25
	Staff anxiety	.44	.00			.167	
	Step 3						
	Child SEC*Staff anxiety	-.13	.160	.18	.17	.056 .946	2,25

* ^a mean –Beta and p refer to final model

Regarding child staff avoidance as IV, Table 33 revealed the absence of multicollinearity, seeing as all VIFs for the entire independent variables were fewer than 10. The model was statistically significant with 34.3% of the variation. For Step 2, the multiple regression revealed that adding variables contributed significantly to the regression model of MBI. Hence, the amount of variance (36.7%) accounted for in Step 2 (with the interaction) was significant. The interaction between child security and staff avoidance was significant (p –value=.024). The adjusted model (Step 3) did not increase the variation, and the interaction variable also remained significant (p-value=.027). Thus, the interaction between child security and staff avoidance was significant, suggesting that the effect of interaction was not controlled by gender and age. The change in the MBI due to staff avoidance appeared higher for high child SEC compared to medium and low child SEC, respectively (see Figure 11). The slow change

in the MBI was seen for low child SEC. The MBI at low staff avoidance was likely lower for high child SEC compared with medium and low child SEC.

Table 5-39 Moderating effects of child security on the link between staff attachment avoidance and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	.003	.965	.11	.11	2.62	2,25
	Child's age	-.01	.779			.000	
	Step 2						
	Child SEC	-.58	.000	.13	.12	5.12	1,25
	Staff avoidance	.01	.870			.000	
	Step 3						
	Child SEC*	.39	.027	.13	.11	.04	2,252
	Staff avoidance					.953	

* ^a mean –Beta and p refer to final model

Figure 11 revealed the moderate effect of child SEC in the relationship between staff avoidance (IV) and MBI (DV). When staff avoidance scores were high, MBI scores were not significantly affected by child SEC, while staff avoidance scores were low, MBI scores were significantly affected by child SEC. Additionally, lower child SEC was related to lower MBI. Therefore, the hypothesis that child security moderates the effect of staff attachment avoidance on MBI was supported.

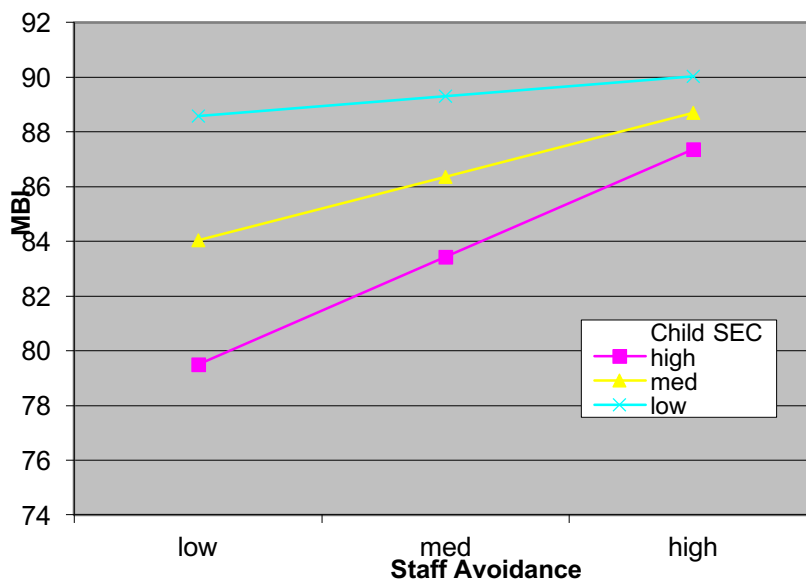


Figure 5-9 Child security as the moderator in the relationship between staff avoidance and MBI

5.5.8 Results for Hypothesis 21

With reference to staff anxiety as IV, Table 34 presented the absence of multicollinearity, given that all VIFs for the entire independent variables were less than 10. The model was statistically significant with 39% of the variation. For Step 2, the multiple regression disclosed that adding variables contributed significantly to the regression model of MBI. Hence, the amount of variance (43%) accounted for in Step 2 (with the interaction) was significant. The interaction between child avoidance and staff anxiety was significant (p -value=.002). The adjusted model (Step 3) did not increase the variation and the interaction variable remained significant (p -value=.002). Thus, the interaction between staff anxiety and child avoidance was significant, suggesting that the effect of interaction was not controlled by gender and age. The change in MBI due to staff anxiety was positive for the three levels of child avoidance.

Table 5-40 Moderating effects of child attachment avoidance on the link between staff attachment anxiety and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	-.01	.871	.15	.15	23.20	2,258
	Child's age	.01	.827			.000	
	Step 2						
	Child avoidance	.61	.003	.18	.17	10.23	1,257
	Staff anxiety	.79	.000			.002	
	Step 3						
	Child avoidance* Staff anxiety	-.82	.002	.18	.16	.05 .951	2,252

* ^a mean –Beta and p refer to final model

Figure 12 revealed the moderate effect of child avoidance on the relationship between staff anxiety (IV) and MBI (DV). When staff anxiety scores were high, MBI scores were significantly affected by child avoidance; whereas when staff anxiety scores were low, MBI scores were significantly affected by child avoidance. However, notice that the lower child avoidance was related to lower MBI, while higher child avoidance was related to higher MBI. Therefore, the hypothesis that child avoidance moderates the effect of staff attachment anxiety on MBI was supported.

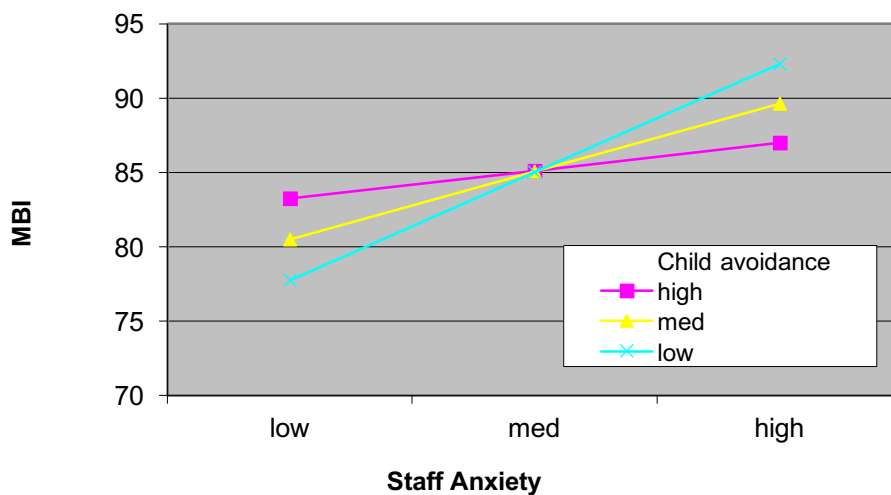


Figure 5-10 Child avoidance as the moderator in the relationship between staff anxiety and MBI

Regarding staff avoidance as IV, Table 35, presented the absence of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. The model was statistically significant with 23.6% of the variation. For Step 2, the multiple regression revealed that adding variables contributed significantly to the regression model in relation to MBI. Hence, the amount of variance (35%) accounted for in Step 2 (with the interaction) was significant. The interaction between child avoidance and staff avoidance was very highly significant (p – value=.000). The adjusted model (Step 3) did not increase the variation, whilst the interaction variable also remained very highly significant (p -value=.000). Thus, the interaction between child avoidance and staff avoidance was significant, implying that the effect of the interaction was not controlled by gender and age. The MBI was impacted upon positively by staff avoidance for the three levels of child avoidance. The MBI demonstrated the sharpest increase in low child avoidance (see Figure 13). The lowest MBI at low staff avoidance was observed for low child avoidance, and moreover, the highest MBI at high staff anxiety was noted for low child avoidance.

Table 5-41 Moderating effects of child attachment avoidance on the link between staff attachment avoidance and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	-.02	.753	.05	.04	7.595	2,258
	Child's age	-.04	.506			.001	
	Step 2						
	Child avoidance	.83	.000	.12	.11	19.60	1,257
	Staff avoidance	.71	.000			.000	
	Step 3						
	Child avoidance	-.98	.000	.12	.10	.230	2,252
	*Staff avoidance					.794	

* ^a mean –Beta and p refer to final model

Figure 13 illustrated the moderate effect of child avoidance in the relationship between staff avoidance (IV) and MBI (DV). When staff anxiety scores were high, MBI scores appeared to be insignificantly affected by child avoidance, and when staff avoidance scores were low, MBI scores were significantly affected by child avoidance. However, it was observed that the lower child avoidance was related to higher MBI, while higher child avoidance was related to lower MBI. Therefore, the hypothesis that child avoidance moderates the effect of staff attachment avoidance on MBI was supported.

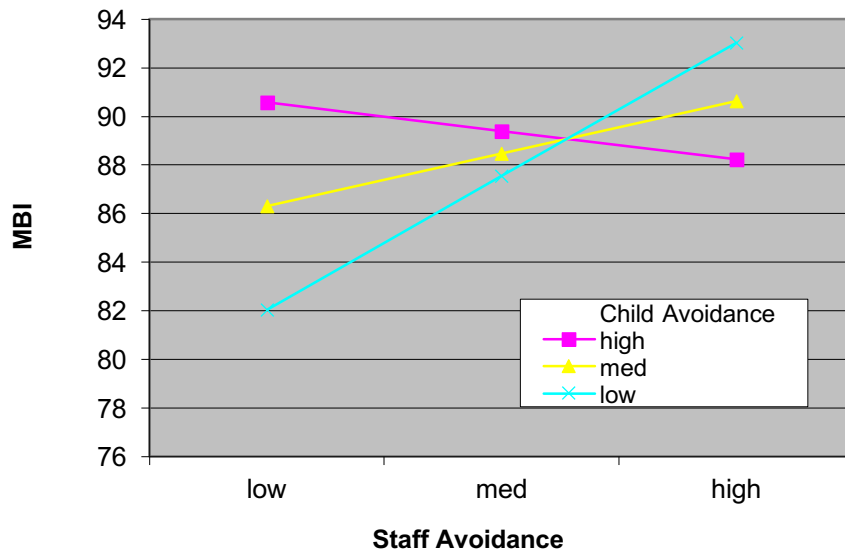


Figure 5-11 Child avoidance as the moderator in the relationship between staff avoidance and MBI

5.5.9 Results for Hypothesis 26

Concerning staff anxiety as IV, Table 36 showed that the with respect to the examination of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. Multiple regression revealed that adding the interaction variable did not contribute significantly to the regression model of MBI. The adjusted model (Step 3) did not significantly adjust the effect of interaction variable. The interaction between staff anxiety and child ambivalence was not significant, suggesting that the effect of staff anxiety did not depend on child ambivalence. Hence, child ambivalence did not moderate the effects of staff anxiety on MBI.

Table 5-42 Moderating effects of child attachment ambivalence on the link between staff attachment anxiety and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	-.01	.847	.05	.04	7.566	2,258
	Child's age	-.5	.36			.001	
	Step 2						
	Child AMBIVA	.15	.362	.06	.04	1.16	1,257
	Staff anxiety	.21	.001			.283	
	Step 3						
	Child AMBIVA *Staff anxiety	-.18	.270	.06	.04	.416 .660	2,252

* ^a mean –Beta and p refer to final model

With reference to staff avoidance as IV, Table 37 revealed the absence of multicollinearity, as all VIFs for the entire independent variables were fewer than 10. The multiple regression revealed that adding the interaction variable did not contribute significantly to the regression model of MBI. The adjusted model (Step 3) did not significantly adjust the effect of the interaction variable. The interaction between staff avoidance and child ambivalence was not significant, suggesting that the effect of staff avoidance did not depend on child ambivalence. Hence, child ambivalence did not moderate the effects of staff avoidance on MBI.

Table 5-43 Moderating effects of child attachment ambivalence on the link between staff attachment avoidance and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1						
	Child's gender	-.01	.882	.05	.04	7.56	2,25
	Child's age	-.05	.395			.001	
	Step 2						
	Child AMBIVA	.19	.312	.06	.50	1.40	1,25
	Staff avoidance	.21	.001			.237	
	Step 3						
	Child ambivalence *	-.22	.243	.06	.04	.36	2,25
	Staff avoidance					.692	

* ^a mean –Beta and p refer to final model

5.5.10 Results for Hypothesis 23

Regarding staff anxieties as the moderator, Table 38 revealed the absence of multicollinearity, given that all VIFs for the entire independent variables were fewer than 10. The model was statistically significant with 41.9% of the variation. For Step 2, multiple regression revealed that adding variables contributed significantly to the regression model of MBI. Hence, the amount of variance (46.1%) accounted for in Step 2 (with the interaction) was significant. The interaction between child SDQ and staff anxiety was very highly significant (p –value=.001). The adjusted model (Step 3) did not increase the variation, and the interaction variable remained very highly significant (p-value=.001). Thus, the interaction between the child's SDQ

and staff anxiety was significant, suggesting that the effect of the interaction was not controlled by gender and age.

Table 5-44 Moderating effects of staff attachment anxiety on the link between child behavioural problems and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1 Child's gender Child's age	.02 .009	.682 .882	.17	.16	27.43 .000	2,258
	Step 2 Child SDQ Staff anxiety	.75 .19	.000 .009	.21	.20	12.18 .001	1,257
	Step 3 Child SDQ *Staff anxiety	-.58	.001	.21	.19	.085 919	2,252

* ^a mean –Beta and p refer to final model

Figure 14 illustrated the moderate effect of staff anxiety in the relationship between the child SDQ (IV) and MBI (DV). When the child SDQ scores were high, MBI scores were not significantly affected by staff anxiety scores, while, for low child SDQ scores, the MBI scores were significantly affected by high staff anxiety. Therefore, the hypothesis that staff security moderates the effect of the child's SDQ on MBI was supported.

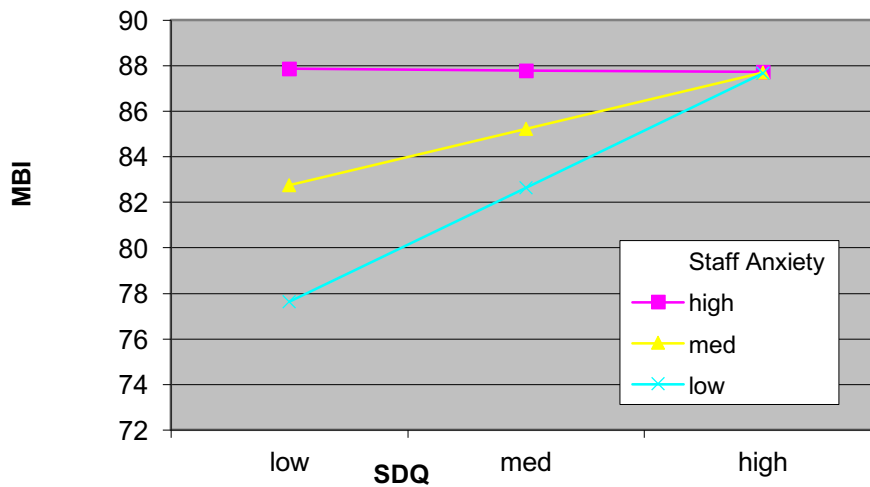


Figure 5-12 Staff anxiety as the moderator in the relationship between the child SDQ and MBI

In relation to staff avoidance as the moderator, Table 39 revealed the absence of multicollinearity, seeing as all VIFs for the entire independent variables were fewer than 10. The model was statistically significant, with 30.9% of the variation. For Step 2, multiple regression revealed that adding variables contributed significantly to the regression model of MBI. Hence, the amount of variance (42.6%) accounted for in Step 2 (with the interaction) was significant. The interaction between the child SDQ and staff avoidance was very highly significant (p -value=.000). The adjusted model (Step 3) did not increase the variation, and the interaction variable remained very highly significant (p -value=.000). Thus, the interaction between staff avoidance and the child's SDQ was significant, signifying that the effect of the interaction was not controlled by gender and age.

Table 5-45 Moderating effects of staff attachment avoidance on the link between child behavioural problems and staff burnout

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
MBI	Step 1 Child's gender Child's age	.02 -.004	.692 .951	.09	.08	13.57 .000	2,258
	Step 2 Child SDQ Staff avoidance	.68 .05	.000 .42	.18	.17	27.31 .000	1,257
	Step 3 Child SDQ* staff avoidance	-.89	.000	.18	.16	.092 .910	2,252

* a mean –Beta and p refer to final model

Figure 15 illustrated the moderate effect of staff avoidance in the relationship between child SDQ (IV) and MBI (DV). When the child SDQ scores were high, higher MBI scores were significantly affected by lower staff avoidance scores. For low child SDQ scores, higher MBI scores were significantly affected by higher staff anxiety scores. Therefore, the hypothesis that staff avoidance moderates the effect of the child's SDQ on MBI was supported.

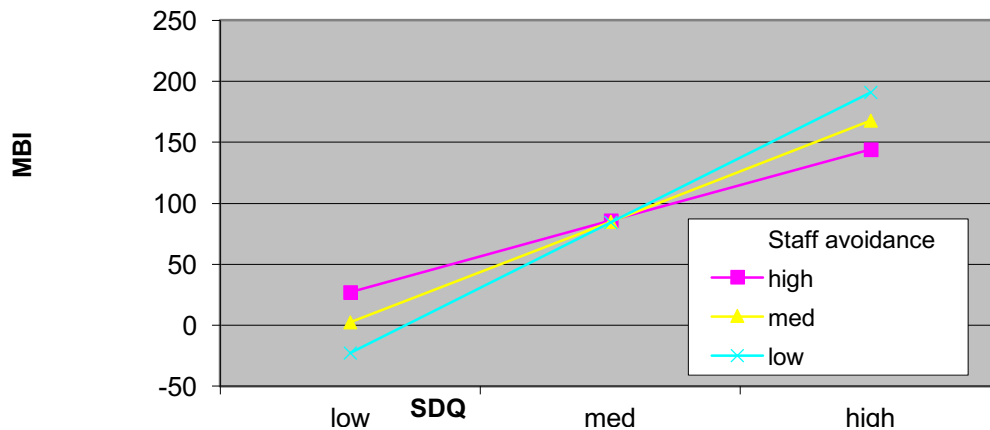


Figure 5-13 Staff avoidance as a moderator in the relationship between the child's SDQ and MBI

5.5.11 Results for Hypothesis 24

Concerning staff anxiety as the moderator, Table 40 showed that with respect to the examination of multicollinearity, Table 42 revealed the absence of the issue, as all VIFs for the entire independent variables were fewer than 10. The multiple regression demonstrated that the addition of the interaction variable did not contribute significantly to the regression model of the SDQ. The adjusted model (Step 3) did not significantly adjust the effect of interaction variable. The interaction between staff anxiety and MBI was not significant, implying that the effect of MBI did not depend on staff anxiety. Hence, staff anxiety did not moderate the effects of MBI on the SDQ.

Table 5-46 Moderating effects of staff attachment anxiety on the link between staff burnout and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
	Step 1	-.20	.000	.16	.16	26.15	2,258

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Child's gender	-.01	.80			.000	
	Child's age						
	Step 2						
	Staff anxiety	.35	.000	.17	.16	.503	1,257
	TOTAL MBI	.01	.905			.479	
	Step 3						
	Interaction of staff anxiety and TOTAL MBI	.15	.266	.21	.19	6.71 .001	2,252

With reference to staff avoidance as the moderator, Table 41 revealed the absence of multicollinearity is not present, seeing as all VIFs for the entire independent variables were fewer than 10. The model was statistically significant with 52% of the variation. For Step 2, the multiple regression revealed that adding variables contributed significantly to the regression model of the SDQ. Hence, the amount of variance (55.5%) accounted for in Step 2 (with the interaction) was significant. The interaction between staff avoidance and MBI was very highly significant (p –value=.000).

Table 5-47 Moderating effects of staff attachment avoidance on the link between staff burnout and child behavioural problems

Dependent variable	Independent variables	Beta ^a	p-value ^a	R ²	Adj R ²	ΔF (p)	Df
SDQ	Step 1						
	Child's gender	-.16	.003	.16	.16	26.15	2,258
	Child's age	-.02	.717			.000	
	Step 2						
	Staff avoidance	.55	.000	.30	.30	14.05	1,257
	TOTAL MBI	-.27	.036			.000	
	Step 3						
	Staff avoidance *	.49	.000	.33	.32	4.777	2,252
	Total MBI					.009	

* ^a mean –Beta and p refer to final model

5.6 Summary

A summary of the moderated regressions conducted is presented below.

Table 5-48 Summary of study hypotheses with decision

No	Hypothesis	Decision
Correlation approach		
1	Most staff will experience burnout which will be higher and above the threshold.	Supported
2	Most children will experience distress that tends to be higher or above the threshold.	Supported

3	Most children who have attachment security will have a low score below the threshold, and attachment ambivalence and avoidance above the threshold.	Supported
4	There is a positive correlation between variables in child's behaviour problems (SDQ) and staff burnout (MBI).	Supported
5	There is a positive correlation between variables in child's behaviour problems (SDQ) and staff attachment styles.	Supported
6	There is a positive correlation between child's behaviour problems (SDQ) variables and staff anxiety.	Supported
7	There is a positive correlation between child's behaviour problems (SDQ) variables and staff avoidance.	Supported
8	There is a positive correlation between staff attachment style and staff burnout.	Supported
9	Children's security will moderate effect of staff MBI (IV) on the SDQ.	Supported
10	Children's avoidance will moderate staff MBI (IV) on the SDQ.	Supported
11	There is a positive correlation between staff anxiety and child security	Supported
12	There is a negative correlation between staff burnout and child security.	Supported
13	There is a positive correlation between general health of staff and child security.	Supported
Moderation approach		
14	Staff attachment will moderate the effects of child security (IV) on child's behaviour problems – SDQ (DV).	Not Supported

15	Staff attachment style will moderate the effects of child avoidance (IV) on the SDQ (DV).	Supported
16	Staff attachment style will moderate the effects of child ambivalence (IV) on the SDQ (DV).	Not Supported
17	Staff GHQ moderates the effects of children's security (IV) on the SDQ (DV).	Not Supported
18	Staff GHQ moderates the effects of child ambivalence (IV) on the SDQ (DV).	Not Supported
19	Staff GHQ moderates the effects of child avoidance (IV) on the SDQ (DV).	Not Supported
20	Staff burnout (BMI) moderates the effect of child ambivalence on the SDQ (DV).	Supported
21	Staff MBI moderates the effects of child security (IV) on the SDQ (DV).	Supported
22	Staff MBI moderates the effects of child avoidance (IV) on the SDQ (DV).	Supported
23	Staff attachment avoidance moderates the effects of GHQ (IV) on the SDQ (DV).	Supported
24	Staff attachment anxiety moderates the effects of GHQ (IV) on the SDQ (DV).	Supported
25	Child security moderates the effect of staff attachment anxiety (IV) on MBI (DV).	Not Supported
26	Child security moderates the effect of staff attachment avoidance (IV) on MBI (DV).	Supported
27	Child avoidance moderates the effect of staff attachment anxiety (IV) on MBI (DV).	Supported

28	Child avoidance moderates the effect of staff attachment avoidance (IV) on MBI (DV).	Supported
29	Child ambivalence moderates the effect of staff attachment avoidance (IV) on MBI (DV).	Not Supported
30	Child ambivalence moderates the effect of staff attachment anxiety (IV) on MBI (DV).	Not Supported
31	Staff attachment anxiety moderates the effect of SDQ (IV) on MBI (DV).	Supported
32	Staff attachment avoidance moderates the effect of SDQ (IV) on MBI (DV).	Supported
33	Staff attachment anxiety moderates the effect of MBI (IV) on SDQ (DV).	Not Supported
34	Staff attachment avoidance moderates the effect of MBI (IV) on SDQ (DV).	Supported

5.7 Discussion

The present study tested hypotheses on the correlation between child and caregiver variables of attachment and distress and investigated if the such caregiver variables moderated the effects of child attachment style on child behavioural problems.

5.7.1.1 Discussion on hypotheses 1-3

More specifically it was hypothesised that staff will experience high burnout. Staff in Saudi orphanages work in challenging circumstances and working with challenging children in institutionalised organisations brings its own challenges. The results support the hypothesis. Working with vulnerable clients like the elderly and children, under difficult conditions calls for considerable emotional resilience from staff (Achoui, 2003). The results demonstrate that

burnout levels for all three dimensions, (depersonalisation, emotional exhaustion and personal accomplishment) was high. Most orphans displayed challenging behaviours and failure to address children's challenging behaviour may lead to a reduction in staff self-perception (Rodgers, 2015) and consequently, staff personal accomplishment. Staff in these orphanages are religious and consider children as their own; thus, burnout could be because they apply themselves fully to their duties, or as the children do not appreciate the support they receive from care staff. Moreover, it should be noted that the difficulties related to challenges like low salaries and poor working conditions could result in feelings of lack of accomplishment. Considering all the above, strict expectations from the Ministry of Social Affairs may be another reason for high levels of staff burnout.

It was also hypothesised that orphanage children will have high SDQ. This hypothesis was also supported by the results. Children in orphanages come from different backgrounds and these are usually challenging circumstances like parents being taken into incarceration or the death of both parents (Al-Jobair et al., 2013). In some circumstances children will have no information at all about their parentage. In addition, high levels of SDQ may be caused by expectations from school coupled with unfavourable treatment from teachers, plus labelling and bullying by other children (as revealed by a few teachers during the interviews). Some carers revealed that the high levels of anxiety expressed by the orphans could be an explanation for their challenging behaviours. Children who are anxious about their parents are known to try every means to find out the facts about their backgrounds, which can be a huge source of anxiety and consequently, resentment of care staff and leadership.

Moreover, it was hypothesised that children will have low scores in security and high scores in insecure attachment patterns, this hypothesis was supported by the results. In all ambivalence and avoidance dimensions, most children scored higher than the minimum scores, while they attained low scores in security. There are several explanations for these findings: lack of continuity of care, particularly the few numbers of male staff and the shift

patterns. Likewise, the temporary fostering of children could be detrimental to healthy emotional growth (Al Rahbi, 2011), as children may compare themselves to the foster family and feel inadequate. Moreover, temporary placements may cause children to lose self-confidence as they lose the continuity of attachment formation with their temporary foster parents. Another probable cause could be abusive treatment by foster families (Ainsworth & Hansen, 2000). Children may also feel that society ostracises them and that they do not belong because orphanages are a hidden issue in Saudi Arabia (Altamimi et al., 2015).

5.7.2 Discussion on Hypothesis 4

The result show that there is a correlation between staff burnout (MBI) and SDQ in children. Therefore, there is the possibility that staff burnout has a detrimental effect on children's behaviour, or that the poor behaviour or the emotional problems of children contributes to staff burnout. Alternatively, it is also possible that the lack of managerial support adds to both staff burnout and child problems. Unfortunately, the correlational nature of the study makes it impossible to be certain with respect to causation.

The possibility that staff burnout has a detrimental effect on the SDQ in children is well supported in the literature. Staff burnout can ultimately negatively affect the quality of interaction between carers and residents of care-giving institutions (Kang'ethe and Nyamutinga, 2014; Levine et al., 2010), which can therefore influence achieving a supportive relationship. In fact, if staff are withdrawn from their involvement with the children then this can be a symptom of burnout (Kang'ethe and Nyamutinga, 2014).

Specialised support is required to ensure that children reach their potential (Golding, 2013), and as Study I has ascertained, many caring staff do not possess academic and professional qualifications, vital for working with children in challenging child care settings. Moreover, the absence of Continuing Professional Development, the lack of which has been shown to contribute to staff burnout (Maslach et al., 2001), further hampers the opportunities to equip

staff with the skills, knowledge and confidence to execute their duties. It has been shown that the lack of ability of the staff to meet children's needs will cause staff to withdraw their involvement, a symptom of burnout, which can have a negative effect on the social, physical, intellectual and developmental aspects of children (Kang'ethe & Nyamutinga, 2014).

An additional possibility is that child behavioural problems cause staff burnout. However, much of the literature suggests that staff burnout is related to the institution. It has been shown that staff burnout in Saudi Arabia is caused by institutional issues, such as being overworked and a stressful environment within care facilities (Zimmerman et al., 2005). Furthermore, other institutional related factors for staff burnout include a higher number of working hours and lower salaries (Evers et al., 2002; Demerouti et al., 2000; Bakker et al., 2000). Further, evidence of problems that are related to institutional issues being the cause of staff burnout, include longer working hours and a low level of interaction between staff and the authorities can decrease motivation, reduce the feeling of personal accomplishment, increase depersonalisation and decrease the ability of care staff to deal with orphans' daily issues (Maslach et al., 2001). Therefore, these ideas suggest that the cause of burnout could be institutional and not a result of children's behaviour.

However, there is some evidence that there is the possibility that it is the behavioural and emotional issues of the children that influence staff burnout. Staff burnout includes emotional exhaustion and moreover, there is the possibility that behavioural and emotional problems in children can cause emotional exhaustion in staff. One of the problems that are faced by care staff that can cause staff burnout is facing psychological aggression (Evers et al., 2002, Demerouti et al., 2000; Bakker et al., 2000), which could be a manifestation of behavioural and emotional problems.

Therefore, in consideration of the literature, it is more probable that staff burnout has a detrimental effect on children's behaviour; however, there is some evidence to suggest that child SDQ could contribute to staff burnout, although it should be recognised that the most

commonly cited cause of staff burnout in the literature is attributed to institutional factors not related to the children themselves.

Finally, another possibility is that the correlation is caused by an external factor, for example the institution's management practices, whereby such practices cause staff burnout and child behavioural problems independently; nevertheless, there is no causality between the two.

5.7.3 Discussion on Hypothesis 5

The results showed that there was a positive correlation between the child SDQ and staff attachment style, which would suggest the possibility that staff attachment style can negatively affect the children's behaviour, or the children's behaviour can affect staff attachment style. The former is supported in the literature. Where a child perceives an attachment figure to have close proximity, and not be distant or avoidant, they will behave in a sociable manner; however, where a child feels a separation from the caregiver there will be an effort by the child to seek the attention of the caregiver (Fraley & Shaver, 2000). Furthermore, if the fear of separation becomes more severe, then behavioural problems may ensue (Fraley and Shaver, 2000). Nonetheless, there is evidence to suggest that staff attachment style, both avoidant and anxious, may not affect the SDQ in the children (Edelstein et al., 2004).

Another explanation for the correlation is that there are external factors that have an effect on these two variables. There is the possibility that the children's behavioural problems are a result of issues in their past, such as neglect or abuse. Moreover, staff attachment styles are also known for being as result of cultural background or socialisation that has taken place in school or because of religion (Ryff and Singer, 2001; Uchino Cacioppo & Kiecolt-Glaser, 1996). For example, cross-cultural studies on attachment have revealed high levels of attachment anxiety and avoidance for people that are from collectivist cultures (Diamond et al., 2008).

5.7.4 Discussion on Hypothesis 6

A positive correlation was found between child behavioural issues and staff anxiety. It has been suggested in the literature that adults that have attachment anxiety are not comfortable in close relationships (Edelstein et al., 2004) and there is the possibility that they do not form a close relationship with the children. This idea is supported by Collins and Feeney (2000), who claim that caregivers who have high anxiety, fear that they may be rejected in intimate relationships, and if there is an element of avoidance then they will avoid intimacy. In the case of the caregivers in this study, staff who have attachment anxiety issues may not be willing to establish meaningful relationships with children. Further evidence that staff anxiety influences children's behaviour has been suggested by Stroufe (1983), who pronounces that carers who express anxiety, fear or anger can invoke the same responses in children and that the emotional schemes of children are influenced by caregivers (Lyons et al., 1997).

The correlation established here could also be the result of child behavioural issues influencing staff anxiety, however, there is little literature to support this idea (Rodgers, 2015; Al Jobair et al., 2013).

5.7.5 Discussion on Hypothesis 7

There is support for the idea that staff avoidance may be the result of staff fearing or not having the confidence that they are properly able to look after the specific needs of children (Bartholomew and Horowitz, 1991 in Bulfico et al., 2002; Malekpour, 2007).

An extensive body of literature indicates that the children under care show an increased level of emotional anxiety and distress (Bartholomew, 1990; Cassidy et al., 2008). This agrees with results presented by this study that staff avoidance influences child avoidance, which ultimately influences child distress (SDQ). The study carried out by Yahya (2012) on parents with children who have attention deficit disorder showed that care-givers burnout and

avoidance behaviour increased the child's SDQ by way of increasing child avoidance behaviour. It is conceivable that the outcome of Yahya's study (2012), supported and was aligned with the finding obtained from the current study. Furthermore, children will feel more confident and have better social interactions where there is low attachment avoidance; in other words, they can depend on the availability of the caregiver, if the caregiver is avoidant the child cannot depend on them (Fraley and Shaver, 2000).

There is some evidence to suggest that the poor behaviour of the child will lead to avoidance behaviour in staff. Adults who have attachment avoidance will distance themselves from people who have disappointed them or they have a low opinion of (Bifulco, 2002). This may be the case in this study, that carers distance themselves from the children because the children are badly behaved.

Again, as with previous variables there is the possibility that behavioural problems in children are caused by alternative factor. As for staff avoidance, it has been revealed that this is an attachment disorder that can be a result of upbringing or personal relationships outside of the work place.

5.7.6 Discussion on Hypothesis 8

The study displayed a positive correlation between staff attachment style and staff burnout. Attachment theory suggests that organisational working systems/models affect staff perceptions of the social world and the strategies adopted to cope with work-related stress (Moses, 2000); thus, proposing a link between staffs' ability to cope with stress and the attachment styles. A substantial body of literature indicates that there is a correlation in the relationship between staff burnout and attachment styles in various organisational settings (Pines, 2004; Whealin et al., 2007; Ronen and Mikulincer, 2009).

The correlation between staff attachment and staff burnout is supported in the literature. Insecure attachment results in reducing the resilience of staff in terms of coping with stress,

therefore, acts as risk factor in the caregiving environment (Kokkonen et al., 2014). These findings are supportive of the association between the secure attachment and staff burnout reported by this study. Similarly, the study conducted by Ronen and Mikulincer (2009), which investigated the association between adult staff burnout and attachment styles, reported that attachment related anxiety, in addition to avoidance and stress were established to be higher in staff with lower ability to appraise contextual factors in the workplace, and produces increased levels of burnout. Additional studies have also supported the finding showing that insecure attachment styles are related to staff burnout and stress (Hawkins et al., 2007; Ronen and Mikulincer, 2012; Sochos, 2015). Mikulincer and Shaver (2012), contend that the emotional exhaustions and depersonalization aspects of MBI restricts the ability of staff to establish a close relationship with children under care.

A correlation is also evident between secure attachment and the ability to cope with stressful situations. Simmons et al. (2009), suggest that a long history of the secure attachment between the staff and residents of caregiving institutions shapes the ability of staff to appraise stressful situations and to deal with them constructively.

However, there is some evidence in the literature which runs contrary to the findings of this study. For instance, Pines (2004), found a negative correlation between insecure attachment and burnout of the staff. Similarly, a negative correlation was also discovered between secure attachment and staff burnout.

It is arguable that there is strong likelihood that staff at orphanages in Saudi Arabia are not trained to appraise risk factors in the workplace, which may have contributed to attachment related anxiety and avoidance among staff. These factors may ultimately contribute to the increased level of burnout among staff. Moreover, in consideration of the literature, there is more support for the idea of a correlation between staff attachment style and staff burnout.

5.7.7 Discussion on Hypothesis 9

A positive correlation was hypothesised between child attachment security and child behavioural issues (SDQ), which was accepted. The most likely possibility, based on evidence in the literature, is that poor attachment security in children will lead to behavioural problems.

It is expected that institutionalised orphans will lack secure attachment because a secure base is formed at the end of the first 12 months of a child's life. Bowlby argues that the biological bond that a child has with their mother cannot be replaced. Moreover, activities including tucking the child into bed and giving them hugs and kisses gives a child a sense of security. Additionally, according to the development of this secure base, this takes place between the ages of 6 months to 2 years (Bowlby, 1980).

Evidence of the link between secure attachment and child behavioural problems also notes that if a child is securely attached they will have confidence (Bowlby, 1980), be able to form positive relationships, can understand hierarchies and have respect for authority (Bowlby, 1987). Moreover, conduct problems can be more pronounced in children that are insecurely attached (Kokkinos et al., 2016). Considering the literature and the known connection between child security and behavioural issues, it was expected that this hypothesis would be accepted.

5.7.8 Discussion on Hypothesis 10

The study reported that attachment related to avoidance of staff is positively correlated with child ambivalence. These results clearly showed that an increase in avoidance by staff undoubtedly leads to an increased level of attachment among the children (Schuengel et al., 2010).

However, this finding is contrary to the results of several other studies reporting the positive impact of child ambivalence on the staff's anxiety, emotional exhaustion and avoidance (Murriss

et al., 2003; Hawkins et al., 2007; Green et al., 2007). The possible explanation for this phenomenon is that orphanages are managed by a bureaucratic system, which is highly strict and encourages punishing tendencies of children showing resistance to staff or discipline maintained in the caregiving environment. Therefore, the children are likely to be frightened or feel threatened to stay quiet when attempting to describe the expressions of their physical, social and psychological needs. For instance, if the child is rude or speaks to/questions the staff without showing respect, he/she will not be given food or will be punished physically. These approaches applied by caregivers suppress the ambivalent behaviours and eventually, emotionally exhausted, avoidant or anxious staff do not provoke ambivalent behaviour from children under care; thus, do not affect the SDQ (Edelstein et al., 2004).

Ambivalent behaviour is a coping strategy adopted by the children to cope with the anxious and avoidant behaviours of the staff. In close and intimate relationships, the ambivalent behaviour of the children is minimised, as reported by Skovdal (2009), which indicates that when the physical and psychological needs of the orphans are met in orphanages, the use of ambivalent behaviour as a defensive strategy can be reduced. Consequently, the overall psychological and emotional distress (SDQ) can be relieved, which is demonstrated by this study. The SDQ of children under the care of adults depends on the perceptions, thoughts and feelings of the caregivers, and responsiveness of staff to the children's attempts to gain support and assistance in carrying out their normal activities (Borthwick, 2008).

5.7.9 Discussion on Hypothesis 11

Staff anxiety was positively correlated with child security. This idea is supported by Schuengel et al. (2010), who assumed that an increase in staff anxiety could lead to an increased level of attachment insecurity among children. Furthermore, insecure attachment styles between staff and children can lead to various emotional and cognitive problems among the staff and children (Moses, 2000).

Anxious staff tend to be emotionally unavailable for the children, and thus, become unresponsive to the social, physical and psychological needs of the children under care (Mill and Romano-White, 1999). Therefore, the quality of the staff's relationships with children is affected adversely, which influences the ability of the staff to detect the behavioural cues, needs and feelings of the children (Kokkonen et al., 2014). Vanheule and Declercq (2009) concluded that anxious caregivers affected child security by showing lower commitment and closeness to the children in the caring environment. Their result was consistent with the finding of the current study.

Bowlby (2005), emphasised the positive correlation between the attachment styles of staff with the security of children, which corroborate the findings of this study. He further asserted that a child's healthy development and social survival is ensured by way of a strong attachment between caregivers and children, rather than mere provision of food, discipline and stimulation. In contrast, Yahya (2012), suggested that the lack of a strong bond and care offered by caregivers to the children leads to devastating effects on the cognitive capacity and personality adjustment of children. Thus, the findings of this study seem to suggest that staff attachment styles – anxiety and avoidance – augment the effects of not only staff burnout but also are a risk factor for emotional and cognitive development in children (SDQ). The insecure attachment among the children in the Saudi-based orphanages likely causes them to move away cognitively and emotionally from the source of distress. The same is true of the staff in the orphanages (Ronen and Baldwin, 2010).

The level of attachment given by staff to the orphans frequently lags behind their expectations, because staff cannot replace motherly care and affection. The resulting frustration among children results in the development of insecure attachments with staff (Bakermans, Kranenburg et al., 2011). One possible explanation is that the orphanage staff may not be professionally trained and educated to provide high quality professional care and attachment

to the children. Thus, this study suggests that professional training and qualifications are desperately required for the staff to assist them to develop their training skills and knowledge that could support and help to deal with children in a caring way, and to enable them to appraise their emotional and physical needs.

5.7.10 Discussion on Hypothesis 12

The result shows that there was a negative correlation between staff burnout and child security. Thus, there are two possibilities, firstly, when staff are experiencing burnout it can have a negative effect on child security as a factor of attachment, or secondly, problems with child security could be contributing to staff burnout. Staff burnout hinders staff from performing their jobs to the best of their abilities and consequently, it may impact not only on child security but also, child welfare (Stamm, 2005). Conversely, Bohl (2004), suggests that it is important for staff to have self-awareness to ameliorate children's self-esteem, which in turn helps staff to adopt coping strategies. Rakoczy's study (2009), asserts that a lack of feelings of accomplishment causes high staff turnover. In the case of Saudi orphanages, particularly those surveyed, staff complained about low salaries. Poor remuneration is a possible cause of the lack of feeling of accomplishment. Additionally, shift work patterns mean that staff work on a rotation basis and hence, do not get to see the children on a regular basis. It can be argued that this causes the lack of continuing care and children may fail to form strong relationships with care staff. High staff turnover does not reflect well on the reputation of the institution. Consequently, staff shortages due to high turnover means that carers are overworking, which leads to feeling overwhelmed by the job expectations and the demands of caring for children, some of whom have challenging behaviours.

To increase children's self-esteem, staff need to be confident about their jobs and be positive role models by instilling a positive self-perception. However, emotional exhaustion can lead to depersonalisation (Maslach et al., 2001), where staff can feel detached from the self and

cease to provide quality care to orphans. In most Saudi orphanages exhaustion is caused by management expectations which several staff feel is too high and in some cases near impossible to accomplish. The strict bureaucratic styles of management can be blamed for staff exhaustion. Moreover, the apparent lack of regulation related to maximum number of hours worked per week is another cause for exhaustion because some orphanage staff work for long hours on consecutive days.

5.7.11 Discussion on Hypothesis 13

It was established that there was a negative correlation between the general health of staff and child security. This could mean that the positive health of staff has a negative effect on child security, or the negative health of staff has a positive effect on child security. These ideas are supported in the literature. Although positive staff health is expected to positively influence health outcomes for children, the results reveal a negative correlation and in fact, illustrate the opposite. For example, many children may not respond positively to healthy staff because of several possibilities, for instance the outcomes of institutionalisation, challenges of engaging with their peers or their immediate environment. Saudi Arabia is a culturally conservative society. Being an orphan in a conservative society probably means that children are subjected to stereotyping and stigmatising. There was no known Saudi research on the correlation between adult distress (GHQ and secure attachment). The result can be said to be conclusive because the correlation was found in all the surveyed children.

5.7.12 Discussion on Hypotheses 14, 15, and 16

It was hypothesised that staff attachment would have a moderating effect on the impact that child security has on child behavioural and emotional problems (SDQ), however, this hypothesis has been rejected in this study. Moreover, staff attachment was hypothesised to have a moderating effect on the effect that child avoidance has on child behavioural issues and the hypothesis was supported in relation to staff avoidance only. Subsequently, there is

evidence here that staff relatively high in attachment avoidance can have a negative impact on children who are also avoidant, but not children who are secure or ambivalent.

The mechanism underlying this interaction seems to be that an avoidant child is more likely to restrict support-seeking behaviour and communication with an avoidant keyworker than a secure or ambivalent child as the messages an avoidant keyworker gives tend to elicit the defensive attachment style. This would create further vulnerability towards psychological symptoms. Studies by Pines (2004) and Kokkonen et al. (2014) suggest that the avoidant and non-responsive caregivers are unable to appraise whether the children are tired, hungry, need the toilet, or are ill. Consequently, such caregivers are unable to engage in needs-based actions to obtain agreeable outcomes (Berry et al., 2008). In a challenging environment, when the children meet avoidant behaviour from staff, it results in creating avoidant behaviour in children as a defensive and coping strategy to minimise the impact of staff avoidant behaviour on their personalities. This idea is supported by Cassidy and Kobak (1988), who comment that avoidant behaviour, in the case of the present study the avoidant child, is motivated by the need to reduce the stress that results from the frustration of not being able to seek proximity to an attachment figure, in this case the carer. Furthermore, in this idea there is an indication of the stress related to not being able to gain proximity to the carer, which may result in behavioural issues. When the carer is also avoidant the possibility of a close and supportive relationship decreases even more.

An extensive body of literature indicates that children cared for by avoidant staff encounter an increased level of emotional anxiety and distress due to the feeling of not being attended to and cared for by increasingly avoidant staff (Bartholomew, 1990; Cassidy et al., 2008). This agrees with the result revealed by this study, that staff avoidance influences child avoidance which ultimately influences child distress (SDQ). The study carried out by Yahya (2012), on parents with children who have attention deficit disorder showed that care-givers burnout and avoidance behaviour increased the children's SDQ by increasing child avoidance behaviour.

It is conceivable that the outcome of Yahya's study (2012), supports and aligns with the finding obtained from the current study.

Staff attachment style was also hypothesised to have a moderating effect on the relationship between child ambivalence and child behavioural issues (SDQ), which was determined to be rejected in this study. Specifically, neither staff attachment anxiety nor avoidance had a moderating effect on the effect that child ambivalence has on child behavioural issues (SDQ). This finding is obtained despite the fact that staff attachment has been shown to correlate with the child's SDQ (see Hypotheses 3 and 4) in the present study and previous research. idea that staff attachment has an effect on those being cared for is supported in the literature (Edelstein et al., 2004, Collins and Feeney, 2000). Moreover, the study has taken place in Saudi Arabia which is a collectivist society and it has been shown that people in these types of cultures have a higher level of attachment anxiety (Diamond et al., 2008), which may be relevant to the findings here. Perhaps greater dependency and anxious behaviour in children could better tolerated and responded to by insecure caregivers, thus not exacerbating their behavioural problems.

5.7.13 Discussion on Hypothesis 17

The general distress of staff was hypothesised to moderate the effect that child security has on child behavioural issues, however this hypothesis was rejected. It was expected that an insecurely attached child would increase his/her behavioural problems when cared for by a distressed caregiver as the relevant literature suggests (Main et al., 1999). As the next paragraph discusses, caregiver distress has an impact on the child only when the caregiver is also insecurely attached.

The hypothesis that staff GHQ moderates the effect of child avoidance on child behavioural issues (SDQ), has also been rejected. It was expected that where an avoidant child has behavioural issues, a the carer having poor GHQ would exacerbate the problems. Also,

avoidant children would be expected to have a poorer relationship with the carer because they are not optimistic about that relationship and find it difficult to trust the carer (Mikulincer & Shaver, 2003 cited in Locke, 2008, Bernia, 2001). This finding contrasts a previous finding of this study, suggesting that staff burnout does moderate the effects of child avoidance.

Staff distress (GHQ) also failed to moderate the effects of either child ambivalence or avoidance on child problems. It was expected that the general distress of staff would interact with child ambivalence and worsen child behaviour problems. Although there was no literature on residential care workers to support this hypothesis, Birditt (2009), asserts that parents' GHQ scores moderate their child's SDQ scores.

5.8 Discussion on Hypothesis 18

It was hypothesised that staff burnout would moderate the effect of child ambivalence on child behaviour (SDQ). This hypothesis was supported. It has been suggested by Alzahrani (2008), that burnout can be related to sociability. With reference to the results in this study, it could be the case that staff who are experiencing burnout have a particularly difficult relationship with an ambivalent child, which affects the child's behaviour. Ambivalent children are overdependent, anxious, and aggressive (Ainsworth et al., 1979) and these behaviours can be exaggerated when burnt-out staff fail to respond appropriately, for example by engaging in depersonalisation.

It was hypothesised that staff MBI would moderate the link between child security and child behavioural issues (SDQ) and findings demonstrated that it did. This finding suggest that a likely lack of appropriate responsiveness and engagement by the burnt-out caregiver would affect not only ambivalent children but also those with an overall reduced attachment security.

Considering the lack of moderation effects of general staff distress on the same link, it appears it is only work-related staff distress that makes a difference. Argentero et al. (2010), provided empirical evidence to support the finding of this study, confirming that staff burnout of nurses

in hospital interacted with the secure attachment between the nurses and patients, eventually affecting the overall emotional stability and mental distress of the patients. In different care homes and residential care settings, the emotional and psychological satisfaction of the care-recipients is improved via the secure attachment between the care-givers and care-recipient (Davila and Levy, 2006; Marwin et al., 2002; Marwin et al., 2005). The current study suggests that staff burnout can compromise the effects of attachment security in those under care.

Staff burnout was hypothesised to also moderate the relationship between child avoidance and child behavioural issues. This hypothesis was also supported, suggesting higher staff burnout led to more behavioural problems among avoidant children. This further confirms that staff burnout, through staff incapacity to respond appropriately to the emotional needs of the children, amplifies the effects of attachment insecurity across the different attachment styles. When faced with distressed keyworkers avoidant children may restrict further their help-seeking behaviour and distance themselves emotionally even further. That would put them at greater risk of developing psychological problems.

These findings are in agreement with previous research. Shechory and Sommerfeld (2007) reported that staff with a low sense of accomplishment and emotional exhaustion caused by either frustrated social interactions in workplaces or in the staff's families, promote attachment avoidance in both children and staff. In addition, the attachment avoidant children show no respect and disobey their caregivers, and regularly show aggression when they are instructed to follow discipline in care homes (Ahnert et al., 2004). In the case of disobedience or the non-compliance of the children, the staff become 'depersonalized' and 'emotionally exhausted'. Staff have been found to experience depersonalization when they encounter children using abusive language and aggression in residential care settings (Dozier et al., 2001). In such circumstances, the staff may react violently, punish the children or verbally abuse them, leading to the higher child's SDQ (Marcovitch et al., 1997). Thus, staff burnout interacting with children's attachment avoidance can lead to high child's SDQ.

Moreover, study reported that the Mellow Babies Parenting programme designed to improve the emotional and social conduct of the children at a residential care home identified that staff depersonalization and emotional exhaustion were the main inhibitors in the development of a secure attachment between the staff and care-receivers (Marwin et al., 2002). Through Mellow Babies, the staff's emotional exhaustion was reduced through approaches such as reciprocity and relief of distress mechanisms involving improved engagement and clear communication between the children and caregivers (Puckering et al., 2010). These measures resulted in the emotional satisfaction of children with their caregivers (Puckering et al.).

Similar results were obtained from the Mellow Bumps and Circle of Security Projects which revealed that the SDQ of the children can be improved through improvement of the secure bond between the children and caregivers (Marwin et al., 2005; Lim et al., 2010; Cooper et al., 2011). The secure attachment between the care-receiver and care-giver was increased through giving incentives to caregivers, removing their social problems causing emotional anxiety and smoothing the interaction of staff with the children (Smith et al., 2010; Marwin et al., 2002). These studies support the moderating effect of the staff's MBI on the relationship between the children's secure attachment and the child's SDQ, in line with the findings of this study.

An additional study suggested that the separation of children from parents or maltreatment in residential care, increases the prospects of attachment behaviour among the children (Goldsmith et al., 2004). These stresses serve as a stressor activating the aberrant social engagement system in the children, consequently, they respond negatively to social activities and communication with their staff and other children in residential care settings (Schuengel et al., 2009; Marshall et al., 2008). The emotionally exhausted and depersonalized staff are unable to look after the children effectively with a true sense of duty and responsibility, thereby leading to an increase in the child's SDQ in the residential care system (Howes & Hamilton, 1992). In turn, staffs' constant encounters with non-responsive, aggressive and abusive

children increases depersonalization and emotional exhaustion among the staff (Smyke et al., 2010).

5.8.1 Discussion on Hypothesis 19

Staff attachment anxiety and avoidance were hypothesised to have a moderating effect on the link between the staff's general distress and the child's SDQ. The results showed that both high staff avoidance and anxiety increase the impact of their GHQ on the child's SDQ. Insecurely attached keyworkers are expected to be particularly non-responsive to the emotional needs of the children under their care, when they themselves are in distress. The existing attachment literature suggests that there is a link between staff attachment avoidance and stress in staff (GHQ). Specifically, it has been suggested by Mikulincer et al. (2003), that attachment avoidance is a strategy that causes a person to move away from someone as part of managing their stress. In the case of the present study, it could be the reason why staff suffering from stress move away from the child, therefore compromising the quality of care they provide to the child.

There are no known studies in the literature which reports these findings in the orphanages. However, there are several studies which showed the strong and indirect impact of staff attachment on the children behavioural issues via influencing on the child's general health problems. For example, children's behavioural issues are reported to be connected to the brain and emotional development of the children through attachment patterns. Phillips and Shonkoff (2000), posited that the improved brain and emotional development of the children is the result of the socio-emotional transactions of the children with their caregivers.

Schore (2015), further comments on the subject in this way: "the infant's transactions with the early socio-emotion environment indelibly influence the evolution of brain structures responsible for the socio-emotional functioning for the rest of the life span" (p. 34). The strong, secure and positive attachment patterns between the children and caregivers leads to more

intense emotional communication which reduces the emotional, pro-social, hyperreactivity and conduct related issues in the children (Malekpour, 2007).

Several studies reported that avoidant attachment style of caregivers leads to the psychopathology of the children and thus, stimulates the emotional non-stability, hyperreactivity, conduct issues (aggression, immature and negative behaviours) among the children under care (Muris et al., 2003; Roelofs et al., 2006; Helsen et al., 2000). These conditions increase the burden on the institutions, for instance Mental Health Services (Child and Adolescent), Special Education and Social Services (Speltz et al., 1990; Gearing, 1996).

To sum up, less avoidant (and anxious) caregivers can provide the children with a nurturing and responsive environment, which further enables the development of the biological and neural pathways, therefore, encouraging emotional stability and reducing hyperreactivity among children.

5.8.2 Discussion on Hypotheses 20, 21, and 22

It was hypothesised that child security would moderate the effect of staff attachment style on staff burnout. This hypothesis was ascertained to be true only in relation to staff avoidance suggesting that high child security (low avoidance, low anxiety) reduces the effect of staff avoidance on staff burnout, or low child security exacerbates this effect. It seems that insecurely attached children may be perceived as more difficult to handle than the secure by avoidantly attached keyworkers. Avoidant keyworkers may find the demands for closeness and support children make as too overwhelming, resulting therefore in greater vulnerability to burnout.

Much of the literature suggests that staff burnout is a result of institutional problems related to the management of staff (Zimmerman et al., 2005, Evers et al., 2002, Demerouti et al., 2000, Bakker et al., 2000). However, the present results here indicate a link between a staff attachment issue and burnout, and that this effect is moderated by child security, which means

that staff burnout is affected by staff avoidance and child security. In support of this idea, Leiter et al. (2015), says that avoidance was negatively correlated with positive social constructs such as trust and hence, influenced burnout. Therefore, where a child feels secure this could have a moderating effect that avoidance has on burnout because the relationship between the staff and the child is better owing to the child's security.

Moreover, child avoidance was also hypothesised to have a moderating effect on the impact staff attachment has on staff burnout. This hypothesis was accepted in relation to both staff avoidance and anxiety. Avoidant children may be particularly challenging to both avoidant and preoccupied keyworkers, although for different reasons. Avoidant keyworkers may perceive them as difficult to reach, reinforcing their own emotional distancing from their work (depersonalisation). On the other hand, preoccupied keyworkers may perceive children's avoidance as a rejection, distressing them and disappointing them further. The results are supported by Leith & Maslach (2016), who emphasise the moderating effects of child avoidance on staff attachment on staff burnout. On the other hand, anxious individuals have an excessive need for acceptance and don't handle interpersonal stress well so anxious carers may be more effected by avoidant and rejecting children (Cassidy, 1994).

Finally, it was hypothesized that child ambivalence moderates the relationship between staff attachment (anxiety, avoidance) and staff MBI. The findings demonstrated that child ambivalence moderates neither the relationship between staff anxiety and MBI, nor the link between staff avoidance and staff MBI. Finnegan et al. (1996) have suggested that child ambivalence may be one of the multiple factors involving administrative, social and organisational issues which may increase the anxiety levels of the staff. However, its role as a sole agent in increasing staff anxiety is not well-known in the literature (Brumariu & Kerns, 2008).

5.8.3 Discussion on Hypothesis 23

It was hypothesised that staff attachment would moderate the effect of child's SDQ on MBI. This hypothesis was accepted, as the more anxious or avoidant staff are the more they experience burn-out when caring for a child with significant behavioural problems. Insecurely attached adults are less able to cope with stress in general and with emotional demands in particular. Orphan children with high SDQ scores are expected to put insecurely attached keyworkers under a significant emotional pressure, predisposing them to burnout further. These findings are consistent with the previous literature suggesting that residential care staff experience high rates of burnout when they deal with aggressive and disruptive children (Dozier et al., 2001). Research has also shown that attachment style moderates the effects of work-related stress on burnout (West, 2015).

5.8.4 Discussion on Hypothesis 24

Lastly, the reverse hypothesis was also made. It was hypothesised that staff attachment style would moderate the link between staff MBI and the child's SDQ. The findings showed that staff avoidance, but not anxiety, significantly moderated the relationship between staff MBI and child's SDQ, so that burnt-out staff had children with more psychological problems if staff were also avoidant. Avoidant keyworkers suffering from burnout may have particular difficulty in responding appropriately to the children's emotional needs and provide the appropriate care; such a limited emotional provision would increase the chances of children to develop significant psychological problems.

Research has established that when caregivers are insecurely attached they are unable to respond to needs of the children effectively, which causes communication issues, psychological disorders, a lack of confidence in the children, and an inability to talk to their caregivers or parents effectively (Van Ijzendoorn and Sagi-Schwartz, 2008; Cassidy and Shaver, 2002). An additional study highlighted the negative impact of the emotionally

unavailable, intrusive, insensitive and intrusive caregivers on the prosocial and psychological development of children under care (Goldsmith et al., 2004). Similar findings were reported in the attachment literature to support the effect of the avoidant behaviour of the caregivers on the intensification of the social and psychological issues with the children under care (Howes and Hamilton, 1992; Dozier et al., 2001). Avoidant caregivers were found to be unable to establish secure attachment patterns with children under care (Egeland & Hiester, 1995). A further report showed that aloof, imperceptive and avoidant caregivers caused severe mental and psychological distress to the recipients of care in the care homes (Simms et al., 2000). The findings of the current study suggest that staff avoidance can increase under stressful conditions, such as a stressful work environment, and that can have detrimental effects on the mental health of the children in care (Dozier et al., 2001).

5.9 Conclusion and limitations of the study

Overall, staff attachment style was found to have a significant moderating effect between a child predispositional factor (child insecurity) and child distress and also between staff stressors (child symptoms, staff own distress) and burnout. These findings also suggest that child attachment insecurity increased the vulnerability of insecure staff towards developing burnout. The moderation findings considered together suggest that interpersonal interaction between children and staff, as informed by attachment working models, play a significant role determining the level of distress both orphan children and keyworkers will suffer from. These findings therefore highlights the importance of an interpersonal approach, particularly an attachment-focused approach, in understanding many of the difficulties staff and children encounter in orphanages in Saudi Arabia. This finding should have significant implications for policy on child residential care in the country and should inform measures that would enhance both child and staff emotional security and open communication.

Nonetheless, as the findings are interpreted, it is important to acknowledge the limitations of this study. Firstly, correlations and regressions do not necessarily imply causality between the

variables involved, so a future longitudinal study is required to help addressing that. Also, as Arabic versions of three questionnaires were unavailable, they were translated by the researcher and used in an Arab sample for the first time. Although correlations between variables were theoretically meaningful and supported the predictive and convergent validity for the newly translated instruments, these questionnaires need to be further validated using a variety of Saudi samples.

Moreover, there is a possibility that moderated regressions were only significant due to chance, as a result of a Type 1 error. However, according to Paunonen and Jackson (1988), although this possibility cannot be completely excluded it does not seem very likely. Moderated regression is a robust method of data analysis, with a low rate of Type 1 error - .05 and at $\alpha = .05$. Considering the fact that 11 out of the 20 moderations were found to be significant, the likelihood of such an error would be small. Finally, differences were found on most study variables across the five sites of data collection the findings may present nesting effects and should be approached with caution. Further analyses to control for such effects are required as this work develops.

Chapter Six Study III: The mediating role of attachment security

6.1 Introduction

The preceding chapters have presented Study I and Study II. Study I, which was qualitative, explored Saudi orphanages' staff members' perceptions, thoughts and feelings about the quality of care they provided to the children. These perceptions identified the ways in which staff and the institutions acted as attachment figures towards the infants. Study II sought to investigate whether staff attachment (anxiety and avoidance), burnout, general distress have moderating effect on child behavioural issues (SDQ). It also investigated potential moderating effects of the child variables (attachment and SDQ) on the staff variables such as burnout and GHQ). Study II was a moderation study conducted on data collected at one time point. In Study III, a year after the data for Study II were collected, the researcher went back to the orphanages and collected the same data from the same participants. Study III therefore is a longitudinal study consisting of data collected at two time points. The aims, hypotheses, and measures used in this study are presented in Chapter 3.

6.2 Methodology

6.2.1 Research Design

A longitudinal design was employed. Longitudinal studies involve the repeated observations or experiments associated with the same variable over a long period of time (Shadish et al., 2002). In psychology, the longitudinal studies are used to observe the developmental trends over the lifespan of participants. In sociology, they are used to study the events over different time points or generations (Carlson et al., 2009). Furthermore, longitudinal studies are more accurate in terms of reporting the sequential factors affecting an event over long period of time (Phelps and Furstenberg, 2002).

Longitudinal studies may be of different types depending on the nature of the sample selected for them being retrospective, prospective, cohort, or panel (Caruana et al., 2015). The retrospective longitudinal studies look back into time to use the existing data over different time points to gauge the trends or behaviour of events or individuals. However, prospective longitudinal studies use the data collected from different time points in the future about characteristics of an event or individual. The cohorts' longitudinal studies involve the cohort – a group of people sharing or experiencing a defining characteristic or event in a selected time period, and perform the cross-sectional observations/experiments at different intervals (Carlson & Morrison, 2009). A cohort study is mainly concerned with studying groups of the same or similar demography or analogous experiences (Mann, 2003). On the other hand, a panel model involves random samples collected from subjects over repeated times.

6.2.2 Population

The population of this study comprises of Saudi children and adolescent orphans, aged 5-19 years, selected from three different big cities in Saudi Arabia; Riyadh, Dammam and Jeddah. For the eligibility of participants to take part in this study, the same eligibility criteria was used for the participants taking part in the Study II Time 1.

6.2.3 Sampling

All staff recruited for Study II also provided data at Time 2 and therefore participated in Study 3. However, child respondents were reduced to 214 as some moved to different institutions in other parts of the country. Although reasons for this were not provided to the researcher, usually that happens in order to give children a different experience or if they have been involved in deviant behaviour. Also, one child died.

6.3 Procedure and Ethics

The same procedure was followed as described in Study 2. Ethical approval was obtained from the Bedfordshire University, Shaqra University and the Saudi Ministry of Social Affairs. In addition, all signed consent forms were obtained from each participant being either orphans and orphanage staff in Study II Time 2. The fieldwork for T2 data collection was conducted in two months and the researcher chose Ramadan (holy month) and the following month in order to maintain the same environmental circumstances which might influence the responses obtained by the participants whether orphanage staff or orphans.

One orphanage institution in Dammam prohibited the researcher to interview the participants again unless she sought and obtained a new letter of permission, which she did. The researcher was collected questionnaires from each orphan and was available in cases staff had any questions completing their own questionnaires. Avoiding being involved in the questionnaire completion sessions, particularly among orphanage staff probably assisted the researcher to reduce any bias which might occur.

6.4 Results

Data collection for this study was based on two phases, the same measurements were collected from the same sample after one year (at T2) from collecting the first data (at T1). Some differences were noted among the five sites from which data were collected. The result of the one-way MANOVA was presented in the tables below for time one & two.

Table 6-1 One-way MANOVA and ANOVA for child attachment

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	SEC	.012	7194.13	<.001	40.69	<.001
	Ambivalence				24.68	<.001
	Avoidance				13.37	<.001
Time 2	SEC	.013	5449.31	<.001	29.48	<.001

	Ambivalence				28.29	<.001
	Avoidance				10.99	<.001

Table 6-2 Mean and SD for child attachment

Child attachment	Region where the staff works	T1		T2	
		Mean	SD	Mean	SD
SEC	Damam	34.14	9.32	33.87	9.39
	Riyadh Nursery	24.93	5.86	26.00	5.40
	Riyadh Villa arab wa	23.07	3.22	23.92	2.69
	Riyadh Education Boys	29.07	7.11	32.73	8.42
	Jiddah	20.92	2.95	22.84	2.53
Ambivalence	Damam	24.58	8.22	27.07	7.49
	Riyadh Nursery	32.79	4.20	32.38	3.92
	Riyadh Villa arab wa	32.83	4.02	33.36	3.27
	Riyadh Education Boys	25.80	7.74	18.36	7.06
	Jiddah	27.58	3.49	27.60	3.31
Avoidance	Damam	20.66	4.03	20.57	2.94
	Riyadh Nursery	24.53	4.10	24.16	4.18
	Riyadh Villa arab wa	25.24	4.21	25.06	4.24
	Riyadh Education Boys	21.90	3.11	21.18	3.28
	Jiddah	24.60	3.78	24.04	3.96

Table 6-3 One-way MANOVA for SDQ

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	Pro social	.034	1427.04	<.001	16.31	<.001
	Hyperactivity				35.13	<.001
	Emotional symptoms				17.42	<.001
	Conduct problem				14.80	<.001
	Peer problems				14.51	<.001
Time 2	Pro social	.038	1043.28		2.692	.032
	Hyperactivity				9.955	.000
	Emotional symptoms				2.761	.029
	Conduct problem				4.407	.002
	Peer problems				9.771	.000

Table 6-4 Mean and SD for SDQ

SDQ	Region where the staff works	Time1		Time 2	
		Mean	SD	Mean	SD
Pro social	Damam	6.02	1.56	5.28	1.55
	Riyadh Nursery	6.31	1.53	5.88	1.19
	Riyadh Villa arab wa	6.62	1.45	5.86	1.46
	Riyadh Education Boys	4.90	1.09	4.82	1.33
	Jiddah	5.68	1.25	5.63	1.14
	Total	5.98	1.49	5.60	1.35
Hyperactivity	Damam	6.85	2.02	6.48	2.14
	Riyadh Nursery	7.18	1.72	6.88	1.61
	Riyadh Villa arab wa	8.52	1.37	7.94	1.51
	Riyadh Education Boys	6.30	1.74	4.91	1.30
	Jiddah	8.10	1.33	7.56	1.41
	Total	7.44	1.81	7.04	1.82
Emotional symptoms	Damam	5.81	1.42	5.61	1.80
	Riyadh Nursery	6.41	1.58	6.11	1.30
	Riyadh Villa arab wa	6.93	1.22	6.47	1.30
	Riyadh Education Boys	5.13	1.11	5.09	1.45
	Jiddah	5.95	1.48	5.95	1.57
	Total	6.10	1.50	5.95	1.54
Conduct problem	Damam	6.15	2.13	5.72	1.68
	Riyadh Nursery	6.85	1.93	6.25	1.77
	Riyadh Villa arab wa	8.05	1.51	6.72	1.28
	Riyadh Education Boys	5.17	1.95	5.18	1.72
	Jiddah	7.32	1.23	6.54	1.12
	Total	6.80	1.96	6.22	1.56
Peer problems	Damam	5.66	1.45	5.37	1.38
	Riyadh Nursery	6.26	1.64	5.84	1.52
	Riyadh Villa arab wa	6.95	1.25	6.81	1.37
	Riyadh Education Boys	4.60	1.07	4.45	.82
	Jiddah	5.69	1.25	6.09	1.14
	Total	5.91	1.53	5.88	1.44

6.4.1 Adult attachment

Table 6-5 One-way MANOVA and ANOVA for adult attachment

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	Avoidance	.017	7159.72	<.001	34.864	<.001
	Anxiety				25.052	<.001
Time 2	Avoidance	.023	4373.99	<.001	33.743	<.001
	Anxiety				24.855	<.001

Table 6-6 Mean and SD for adult attachment

Adult attachment	Region where the staff works	Time 1		Time 2	
		Mean	SD	Mean	SD
Avoidance	Damam	81.34	17.48	74.44	19.98
	Riyadh Nursery	88.96	6.76	89.61	5.98
	Riyadh Villa arab wa	100.3	5.23	104.4	3.02
	Riyadh Education Boys	74.37	16.59	95.45	26.46
	Jiddah	79.29	5.06	91.74	5.85
	Total	85.09	13.67	89.14	15.81
Anxiety	Damam	80.14	20.25	80.43	19.59
	Riyadh Nursery	90.06	5.69	87.98	6.74
	Riyadh Villa arab wa	104.2	2.81	100.6	5.46
	Riyadh Education Boys	79.83	23.65	82.45	10.97
	Jiddah	91.53	5.73	78.89	4.93
	Total	89.28	15.43	85.50	13.53

6.4.2 MBI

Table 6-7 One-way MANOVA for MBI

Time	Sub scale	MANOVA			ANOVA	
		Wilk's lambda	F	p-value	F	p-value
Time 1	Emotional Exhaustion	.019	4303.42	<.001	37.106	<.001
	Depersonalization				12.760	<.001
	Personal accomplishment				16.771	<.001
Time 2	Emotional Exhaustion	.016	4153.34	<.001	44.838	<.001
	Depersonalization				19.316	<.001
	Personal accomplishment				39.698	<.001

Table 6-8 Mean and SD for MBI

MBI	Region where the staff works	Time1		Time 2	
		Mean	SD	Mean	SD
Emotional Exhaustion	Damam	32.29	5.82	31.19	6.56
	Riyadh Nursery	37.85	2.84	37.64	2.68
	Riyadh Villa arab wa	32.36	4.21	31.44	3.64
	Riyadh Education Boys	31.30	9.17	31.64	5.55
	Jiddah	40.73	3.05	40.37	2.91
	Total	35.64	6.16	35.39	5.85
Depersonalization	Damam	18.83	3.61	25.91	4.49
	Riyadh Nursery	19.22	2.07	30.29	2.94
	Riyadh Villa arab wa	18.90	2.64	27.03	3.63
	Riyadh Education Boys	18.67	5.67	24.73	5.10
	Jiddah	22.24	2.37	30.86	3.51
	Total	19.74	3.47	28.50	4.36
Personal accomplishment	Damam	27.22	5.01	16.87	3.84
	Riyadh Nursery	32.28	2.62	18.04	2.95
	Riyadh Villa arab wa	28.95	3.08	18.25	2.63
	Riyadh Education Boys	27.43	7.58	17.82	5.04
	Jiddah	31.94	3.90	23.32	1.12
	Total	29.96	4.88	19.17	3.88

The researcher used the mediation analysis proposed by Baron and Kenny (1986) to test the relationship between child SDQ (dependent variable) in time two with staff measurements (independent variables) in time one mediated by child measurements in time two. Baron and Kenny's Mediation model is important in explaining the mechanism through which the independent variable (IV) exerts its effect on the dependable variable (DV). Introducing the mediator in the IV and DV explains the relationship between these two variables. For example,

in the aforementioned hypotheses, the mediation variables were represented by child SEC, avoidance and AMBIVA. The IVs were staff anxiety, avoidance, GHQ, and MBI including emotional exhaustion, personal accomplishment, and depersonalisation; the child SDQ was the DV.

The procedure described by Baron and Kenny (1986) was adopted to test the mediational models. The following four conditions must be established for testing mediation. Firstly, the IV must be significantly related to the DV; secondly, the IV must be significantly related to the moderator variable; thirdly, the moderator variable must be significantly related to the DV; and fourthly by controlling the effects of the moderating variable on the DV, the influence of IV on the DV must no longer be significant.

The indirect effect of the IV on the DV was investigated using the Sobel test (Sobel, 1982) which actually estimates the mediational significance by taking the product of ab (indirect or mediated path). The null hypothesis tested in this Sobel test is $H_0: ab = 0$. This test is valid for the experiments involving large data set. As this study involved a large data set collected from 261 participants at two time points in a longitudinal manner, it was appropriate to test the strength of the mediator's effect on the relationship between the IV and the DV; and is indicative of the reduction in the effect of IV on DV. The greater the reduction in effect of the IV on the DV in the presence of the mediating variable, the greater the mediational influence of the mediator on the relationship between the IV and the DV. Mostly this test is used in cases where causal-steps procedure described by Baron and Kenny (1986) is applied to design the mediation analysis.

6.4.3 Results for Hypothesis 1

In the above hypothesis, the staff attachment at T1 and child behaviour (SDQ) at T2 are the IV and DV, respectively; the child attachment at T2 represents the mediator variable. This hypothesis was tested by six mediation analyses as sub hypotheses. In the first analysis these

six sub-hypotheses resulting from sub-constructs of staff attachment (staff avoidance, staff anxiety), and child attachment (avoidance, SEC, AMBIVA), see Table 47, were tested.

The first step in testing for mediation was to test whether the three mediation conditions reported by (Baron and Kenny) applied. There was a significant direct effect of staff anxiety at T1 (IV) on SDQ at T2 ($b = -.19$, $p = .005$), and child security (M) at T2 and child SDQ (DV) at T2 ($b = 0.136$, $SE = 0.049$).

As the three preconditions for mediation were met (all the above regressions were significant), analysis moved to the second phase. A regression was run with staff attachment at SDQ at T2 and both staff attachment at T1 and child attachment at T2 as the predictors. If the second predictor (child attach at T2) was not significant, there was evidence for full mediation. If the p value increased the possibility of partial mediation needed to be explored. So in the third phase the Sobel test was conducted, suggesting a partial/full mediation (see Table 47). In other words, staff attach anxiety at T1 influences SDQ at T2 because it affects child security at T2. In particular, staff with relatively high attach anxiety at T1 tend to care for children with low attach security at T2 and low security tends to be linked with relatively more psychological problems at T2.

It was hypothesised that staff attachment avoidance at T1 will influence child security at T2 which will influence child SDQ at T2. The three mediation conditions were tested and there was a significant direct effect of staff avoidance at T1 (IV) on SDQ at T2 (DV) ($b = -.08$, $p = .049$). The regressions between staff avoidance (IV) at T1 and child security (M) at T2 ($b = -.08$, $p = .049$), and child security (M) at T2 and child SDQ (DV) at T2 ($b = 0.18$, $SE = 0.045$), were tested.

Because the three preconditions for mediation were met, i.e. all the regressions were significant, analysis moved to the second phase. A regression was run with staff attachment avoidance at T1 and child attachment security at T2 as predictors, while SDQ at T2 was the

DV. A change in the p value showed the possibility of partial mediation and needed to be explored. So in the third phase the Sobel test was conducted, suggesting a partial mediation (see Table 47). In other words, staff attachment avoidance at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with relatively high attachment avoidance at T1 tend to care for children with low attachment security at T2 and relatively low security tends to be linked with more psychological problems among the children at T2.

Therefore, the hypothesis that “Staff avoidance in time one will influence child security which will influence child SDQ in time two” was accepted.

On the other hand, the indirect effect of staff avoidance at T1 on child SDQ at T2 mediated by child avoidance at T2 was not significant ($\beta = 0.09$). As a result, the hypothesis which stated that “Staff avoidance in time one will influence child avoidance which will influence child SDQ in time two” was rejected. This means that child avoidance did not have a mediating effect between staff avoidance and child SDQ.

The indirect effect of staff anxiety at T1 on child SDQ at T2 mediated by child avoidance at T2 was not significant ($\beta = 0.016$). As a result, the hypothesis which stated that “Staff anxiety in time one will influence child avoidance which will influence child SDQ in time two” was also rejected.

The indirect effect of staff avoidance at T1 on child SDQ at T2 mediated by child ambivalence at T2 was not significant ($\beta = 0.008$). As a result, the hypothesis which stated that “Staff avoidance in time one will influence child ambivalence which will influence child SDQ in time two” was rejected.

Also, the indirect effect of staff anxiety at T1 on child SDQ at T2 mediated by child ambivalence at T2 was not significant ($\beta = 0.016$). As a result, the hypothesis which stated that “Staff anxiety

in time one will influence child ambivalence which will influence child SDQ in time two” was rejected.

Table 6-9 Mediation effect of child attachment style on the relationship between staff attachment style and SDQ

IV	MEDIATOR (M)	DV	Regression 1		Regression 2				Sobel z-value (p)	IV→DV Indirect beta	Mediation
			IV→M		M→DV			IV→DV			
			B	SE	B	SE	Beta	Beta			
Staff Anxiety T1	Child Security T2	SDQ T2	-.19	.03	-.13	.04	-.18	.37	2.79 (.005)	.23	Partial
Staff Avoidance T1	Child Security T2	SDQ T2	-.08	.03	.18	.04	-.24	.36	1.959 (.049)	.03	Partial

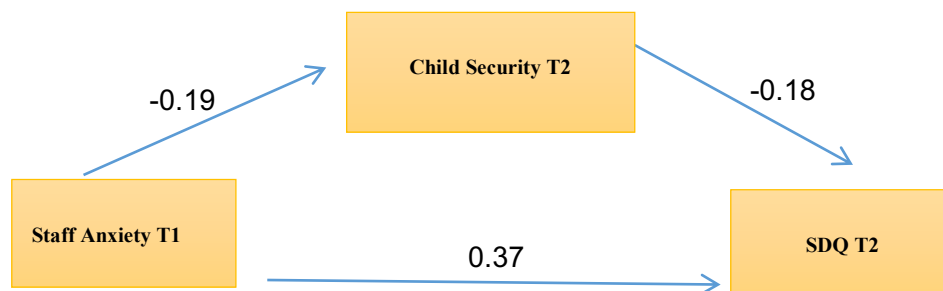


Figure 6-1 Partial mediation effect of child attachment style on the relationship between staff attachment anxiety and SDQ.

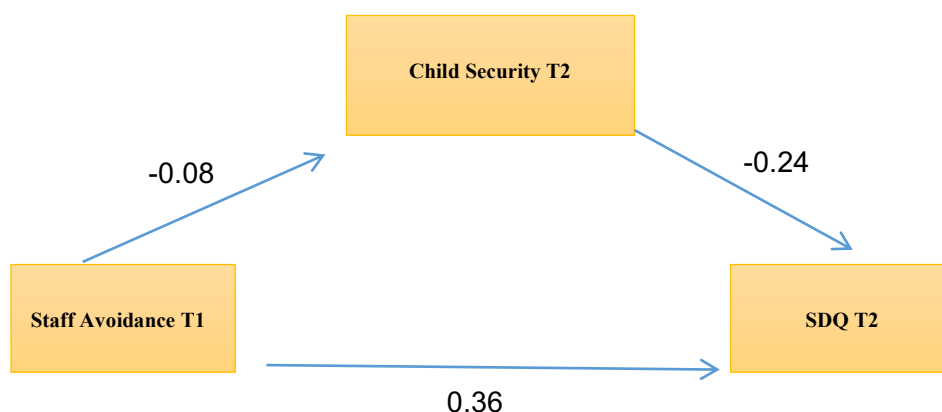


Figure 6-2 Partial mediation effect of child attachment style on the relationship between staff attachment avoidance and SDQ

6.4.4 Result for Hypothesis 2

In the above hypothesis, staff burnout and child behaviour (SDQ) are the IV and DV, respectively; the child security represents the mediator variable. This hypothesis was tested by four mediational analyses, see Table 48. The direct effect of staff MBI at T1 on child SDQ

at T2 was significant ($b = 0.19, p = .006$). However, there was a significant indirect effect of staff MBI at T1 on SDQ at T2 mediated by child security at T2. Therefore, the hypothesis that “Staff MBI in time one will influence child security which will influence child SDQ in time two” was accepted.

Because the three preconditions for mediation were met, i.e. all the regressions were significant, analysis moved to the second phase. A regression was conducted with staff MBI at T1 and SDQ at T2 and both Staff MBI at T1 and child attachment security at T2 as the predictors. The p value showed the possibility of a partial mediation and therefore, needed to be explored further. As a result the Sobel test was conducted, suggesting a partial mediation (see Table 46). In other words, staff MBI at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with higher MBI at T1 tend to care for children with lower attachment security at T2 and lower security tends to be linked with more psychological problems among children at T2.

The same process was repeated for the hypothesis that stated “Staff emotional exhaustion in time one will influence child security which will influence child SDQ in time two”. The direct effect of staff emotional exhaustion at T1 on child SDQ at T2 was significant ($\beta = 0.26$, $P = .006$). There was a significant indirect effect of emotional exhaustion at T1 on SDQ at T2 mediated by child security at T2 ($\beta = 0.067$, $P = .006$). Therefore, this hypothesis was partially accepted.

The three preconditions for mediation were met and therefore, a regression was conducted with staff emotional exhaustion at T1 and SDQ at T2 and both Staff emotional exhaustion at T1 and child attachment security at T2 as the predictors. The p value showed the possibility of a partial mediation and therefore, was explored further. A Sobel test was conducted, which suggested a partial mediation (see Table 46). In other words, staff emotional exhaustion at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with higher emotional exhaustion at T1 tend to care for children with lower attachment security at

T2 and lower security tends to be linked with more psychological problems among children at T2.

Again, for the hypothesis “Staff depersonalisation in time one will influence child security which will influence child SDQ in time two” the same process was also carried out. The direct effect of staff depersonalisation at T1 on child SDQ at T2 was significant ($\beta = 0.179$). Significantly, the SDQ at T2 was indirectly affected by depersonalisation at T1 mediated by child security at T2 ($\beta = 0.05$). Therefore, this hypothesis was partially accepted.

Again, because the three preconditions for mediation were met a regression was conducted with staff depersonalisation at T1 and SDQ at T2 and both Staff depersonalisation at T1 and child attachment security at T2 as the predictors. The p value revealed that there was the possibility of a partial mediation and therefore, was explored further using the Sobel test. The Sobel test confirmed that there was a partial mediation (see Table 48). Thus, staff depersonalisation at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with higher depersonalisation at T1 care for children with lower attachment security at T2 and lower security tends to be linked with more behavioural and emotional problems among children at T2.

Finally, for the hypothesis “Staff personal accomplishments in time one will influence child security which will influence child SDQ in time two” a direct significant effect of personal accomplishment at T1 on SDQ at T2 was found ($\beta = 0.25$, $P = .027$). Moreover, a significant indirect effect of personal accomplishment at T1 on SDQ at T2 mediated by child security at T2 was also found (0.067). Therefore, the hypothesis was partially accepted.

The three preconditions for mediation were met and regression was conducted with staff personal accomplishments at T1 and SDQ at T2 and both staff personal accomplishments at T1 and child attachment security at T2 as the predictors. The resulting p value showed the possibility of a partial mediation and as a result further exploration using the Sobel test was

carried out which confirmed a partial mediation (see Table 46). Thus, staff personal accomplishments at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with higher personal accomplishments at T1 care for children with lower attachment security at T2 and lower security tends to be linked with more behavioural and emotional problems among children at T2.

Table 6-10 Mediation effect of child security on the relationship between SDQ and staff MBI

IV	MEDIATOR (M)	DV	Regression 1		Regression 2				Sobel z-value (p)	IV→DV Indirect beta .	Mediation
			IV→M		M→DV			IV→DV			
			B	SE	B	SE	Beta	Beta			
Staff MBIT1	Child SEC T2	SDQ T2	-.19	.04	-.15	.04	-.21	.27	2.710 (.006)	.06	Partial
Staff emotional exhaustion T1	Child SEC T2	SDQ T2	-.40	.08	-.16	.04	-.22	.26	2.72 (.006)	.06	Partial
Staff depersonalization	Child SEC T2	SDQ T2	-.47	.17	-.19	.04	-.27	.17	2.256 (.023)	.05	Partial
Staff Personal accomplishment	Child SEC T2	SDQ T2	-.49	.17	-.16	.04	-.22	.25	2.205 (.027)	.06	Partial

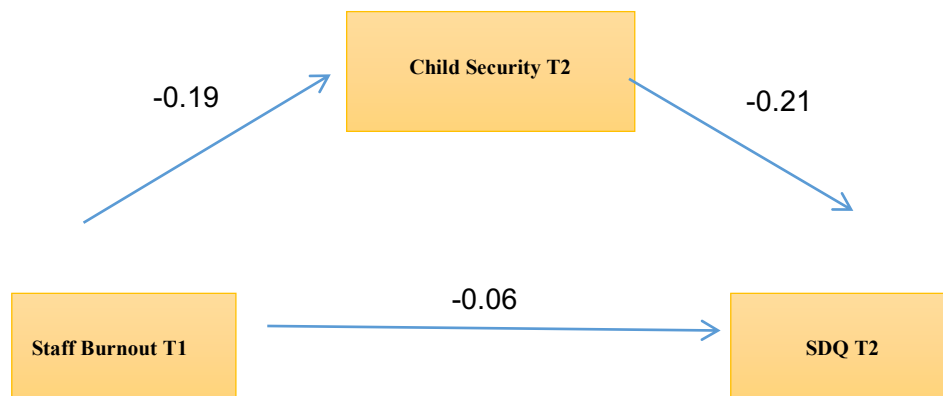


Figure 6-3 Partial mediation effect of child attachment style on the relationship between staff Burnout(emotional exhaustion, depersonalization, Personal accomplishment) and SDQ

6.4.5 Results for Hypothesis 3

In the above hypothesis, the staff burnout and child behaviour (SDQ) are the IV and DV, respectively; child avoidance represents the mediator variable. This hypothesis was based on four sub-hypotheses resulting from sub-constructs of staff MBI at T1 (emotional exhaustion, depersonalisation, personal accomplishment), and child avoidance at T2. The direct effect of staff MBI at T1 on child SDQ at T2 was significant. However, there was insignificant indirect effect of staff MBI at T1 on SDQ at T2 mediated by child avoidance at T2 ($B=.043$ $p = 0.404$). Therefore, the hypothesis that “Staff MBI in time one will influence child avoidance which will influence child SDQ in time two” was rejected

The direct effect of staff emotional exhaustion at T1 on child SDQ at T2 was significant ($\beta = 0.162$, $P<.001$). However, there was an insignificant indirect effect of emotional exhaustion at T1 on SDQ at T2 mediated by child avoidance at T2 ($p = 0.404$). Therefore, the hypothesis

that “Staff emotional exhaustion in time one will influence child avoidance which will influence child SDQ in time two” was rejected.

Similarly, the direct effect of staff depersonalisation at T1 on child SDQ at T2 was significant ($\beta = 0.235$). However, The SDQ at T2 was not indirectly affected by depersonalisation at T1 on SDQ at T2 mediated by child avoidance at T2 ($p = 0.482$). Therefore, the hypothesis that “Staff depersonalization in time one will influence avoidance which will influence child SDQ in time two” was rejected.

In addition, there was direct significant effect of personal accomplishment at T1 on SDQ at T2 ($\beta = 0.325$). However, there was an insignificant indirect effect of personal accomplishment at T1 on SDQ at T2 mediated by child avoidance at T2 ($p = 0.687$). Therefore, the hypothesis that “Staff personal accomplishment in time one will influence child avoidance which will influence child SDQ in time two” was rejected.

6.4.6 Results for Hypothesis 4

This hypothesis was based on four sub-hypotheses resulting from sub-constructs of staff MBI at T1 (emotional exhaustion, depersonalisation, personal accomplishment), and child ambivalence at T2. There was a significant effect of staff MBI (IV) at T1 on child ambivalence at T2 ($b = 0.320$, $p = 0.000$). However, there was an insignificant effect of child ambivalence at T2 and on child SDQ at T2 ($b = 0.137$, $SE = 0.108$). Therefore, the hypothesis which stated that “Staff MBI in time one will influence child ambivalence which will influence child SDQ in time two” was rejected.

Similarly, the regressions between child ambivalence (M) at T2 and child SDQ (DV) at T2, and staff personalisation (IV) at T1 and child ambivalence (M) at T2 are non-significant. Therefore, the hypothesis that “Staff emotional exhaustion in time one will influence child ambivalence which will influence child SDQ in time two” was rejected.

Likewise, the regressions were tested between staff depersonalisation (IV) at T1 and child ambivalence (M) at T2 ($b = 0.201$, $p = 0.146$), and child ambivalence at T2 and child SDQ at T2 (DV) ($b = 0.136$, $SE = 0.58$). Therefore, the hypothesis which stated that “Staff depersonalisation in time one will influence AMBIVA which will influence child SDQ in time two” was rejected.

In the same way, regressions were tested between staff personal accomplishment (IV) at T1 and child ambivalence (M) at T2 ($b = 0.329$, $p = 0.000$), and child ambivalence at T2 and child SDQ (DV) at T2 ($b = 0.137$, $p = 0.108$). Therefore, the hypothesis that “Staff personal accomplishment in time one will influence child AMBIVA which will influence child SDQ in time two” was rejected.

6.4.7 Results for hypothesis 5

For the hypothesis “Staff GHQ in time one will influence child attachment which will influence child SDQ in time two”, the general distress of staff (GHQ-12) and child behaviour (SDQ) are the IV and DV, respectively; and the child attachment represents the mediator variable. This hypothesis was tested by three mediation analyses as sub hypotheses. In the first analysis these three sub-hypotheses resulting from sub-constructs of child attachment (child security, child ambivalence and child avoidance) were tested, see Table 47.

For child security as the mediator, the direct effect of staff GHQ (IV) at T1 on child SDQ (DV) at T2 was significant ($\beta = 0.008$) was tested. There was a significant indirect effect of staff GHQ at T1 on SDQ at T2 mediated by child security at T2 ($\beta = 0.088$). Therefore, the hypothesis which stated that “Staff GHQ in time one will influence child security which will influence child SDQ in time two” was partially accepted.

Because the three preconditions for mediation were met a regression was conducted with staff GHQ at T1 and SDQ at T2 and both Staff GHQ at T1 and child attachment security at T2 as the predictors. The resulting p value showed the possibility of a partial mediation and as a

result further exploration using the Sobel test was carried out which revealed a partial mediation (see Table 47). Thus, staff GHQ at T1 influences SDQ at T2 because it affects child attachment security at T2. Therefore, staff with higher GHQ at T1 care for children with lower attachment security at T2 and lower security tends to be linked with more behavioural and emotional problems.

There was an insignificant indirect effect of GHQ at T1 on child ambivalence at T2 SDQ at T2 mediated by child ambivalence at T2 ($\beta = 0.006$). Therefore, the hypothesis which stated that “Staff GHQ in time one will influence child AMBIVA which will influence child SDQ in time two” was rejected.

Moreover, there was also an insignificant indirect effect of GHQ (IV) at T1 on child avoidance (M) at T2 ($b = 0.37$, $p = 0.482$). The regression between child avoidance at T2 and child SDQ at T2 were non-significant ($b = 0.053$, $p = 0.090$). Therefore, the hypothesis that “Staff GHQ in time one will influence child avoidance which will influence child SDQ in time two” was rejected.

Table 6-11 Mediation effect of child AMBIA on the relationship between SDQ and staff GHQ

IV	MEDIATOR (M)	DV	Regression 1		Regression 2				Sobel z-value (p)	IV→DV Indirect beta .	Mediation
			IV→M		M→DV			IV→DV			
			B	SE	B	SE	beta	Beta			
Staff GHQT1	Child SEC T2	SDQ T2	- .31	.07	- .22	.05	- .30	-.008	2.982 (.002)	.08	Partial

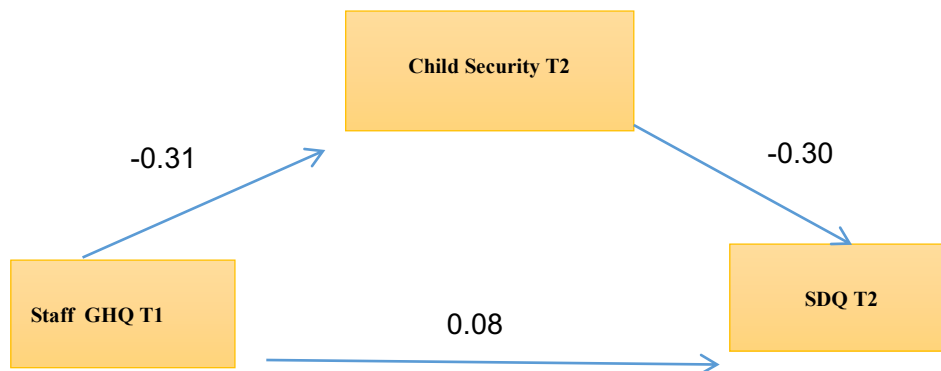


Figure 6-4 Partial mediation the effect of child attachment security on the relationship between staff general distress and child behavior problem

6.5 Discussion

This section discusses the findings obtained from Study II Time 2. All of the hypotheses address the effect of staff related problems from time one on child behavioural problems (SDQ) in time two mediated by child attachment in time two. Staff related problems include attachment issues, burnout and distress and child attachment issues include security, ambivalence and avoidance. Overall it was found that child attachment security at time two mediated the effects of staff attachment anxiety and avoidance, burnout and staff distress at time one on the child psychological distress at time two. Therefore, the findings suggest that in the orphanages in Saudi Arabia undesirable staff characteristics can result in increased child psychopathology as a result of an insecure child-staff bond.

6.5.1 Discussion on hypothesis 1

The current study found that child attachment security at T2 partially mediated the effects of both staff attachment anxiety and avoidance at T1 on child psychological distress at T2. Therefore, staff attachment at T1 has an effect on SDQ at T2 because it has an effect on child security at T2, and child security then has an effect on SDQ. In other words when staff anxiety

and avoidance is high at T1, children cared for by these staff tend to have relatively lower security at T2 and this low security leads to high SDQ scores.

This partial effect of staff attachment (anxiety and avoidance) on the emotional issues of children via child security (mediator) can be explained using the concepts from the attachment theory and social exchange theory. Attachment theory suggests that the quality of attachment between the child and the caregiver is a main factor in causing anxiety to the child (Golding, et al. 2003; Bowlby, 2007). It is also necessary to consider the idea that adults who have themselves been the victims of abuse are likely to have insecure attachment with children, this would therefore indicate a strong concordance between adult and child attachment, as found by Berthelot et al. (2015), which suggests intergenerational transmission of attachment. The implications of this for the current study is that staff attachment issues may be transmitted to the child, especially as children are being cared for by these carers over a period of time. The quality of child attachment with the caregiver can be indicated by the level of the security, protection and safety felt by the child (Howe, 2006). Moreover, according to social exchange theory, the reciprocal effect of the children's anxiety on the staff is the psychological distress and anxiety to the caregivers (Minnis and Devine, 2001; Shahsavarani et al., 2016). This can result in a perpetuating vicious circle between staff insecure attachment – child insecure attachment and distress – and staff distress.

A low level of security or weak attachment bond between the child and staff results in the feeling that the child has been left alone or abandoned (Schofield and Beek, 2005). In other words, when the unavailability, inaccessibility and unresponsiveness of the staff weakens the caregiving bond between the child and staff, it produces the 'emotional chaos' in the children which would explain the effect that child security as the mediator has on child behavioural issues as the dependent variable.

According to Bowlby (2007), the securely attached child looks at the caregiver as a safe haven which protects the child from harm, danger and distress. Daily attachment patterns and styles

allows the children to predict the responsiveness and availability of the staff to them at the time of distress and danger. However, insecurely attached children perceive that their caregivers are not emotionally connected to them, unresponsive and unavailable to them at the time of emotional/psychological distress (Yeo, 2003;p Howe, 2012). The uncertainty of caregiver's responsiveness and availability leads to fear and 'free-floating anxiety' in children at the time of alarming situations (Hunt et al., 2008). Again these ideas explain the link between staff attachment issues and child security as the mediator.

Several other studies have endeavoured to explore the effect of insecure attachment of staff on the internalising and emotional disorders of children via the child security using the parent-child attachment model. Groh et al. (2012) showed that staff anxiety and avoidance led to an increase in child insecurity security scores which influenced the exacerbation of child internalising problems. Similarly, meta-analysis performed by Madigan et al. (2013) examined the effect of the insecure attachment between the parent and child, and showed that caregiver's insecure attachment with the children was significantly associated with internalising issues, anxiety and depression, of the children, mainly because of the insecure attachment style resulting from the staff's unavailability and unresponsiveness to the children's needs. Some other studies reviewed the effect of insecure attachment of staff on the internalising behavioural disorders of the children, and concluded that insecure attachment between staff and child resulting from the avoidant and anxious behaviour of staff to the children was associated with higher levels of behavioural and emotional disorders in children (Berthelot et al., 2015, Fonagy and Target, 2005). These data fully support the findings produced by the current study in residential care where the caregiver is considered 'surrogate parent' to the children.

In addition, the carelessness of staff towards the children is symbolic of the staff's avoidant behaviour (Grossmann et al., 2006). Avoidant and anxiously attached caregiving staff overtly manifest their anger, frustration, negative emotions and stay away from dealing with emotional

needs of the children (Cassidy, 1999). If such behaviour patterns by the caregiver are exercised over considerably long span of time in caregiving environment, they may complicate the psychological distress in the children (Simmons et al., 2009; Waldfogel, 2006) and the results of the present study have shown that this is achieved by the mediating effect of child security. This idea is also supported by Brumariu and Kerns (2008) who empirically showed that desynchrony and non-attunement between the caregiver and children increases the possibility of insecure attachment between them, resulting in greater emotional dissatisfaction and conflict in the caregiving environment.

The above cited data are consistent with the findings of the current study that insecurely attached staff mediates the distress and psychological issues among children under care via increasing children's insecurity. Several other scholars reported similar findings in different caregiving environments (Bowlby, 2007; Howe, 2006; Howe and Fearnley, 2003).

However, it is important to note that the mediating effect of child security was found to be partial, which means there might be some other factors affecting the link between staff attachment anxiety and avoidance and child behavioural problems. Though the relationship of children with primary caregivers is the most influential factor in causing the children's behavioural problems, previous research suggests that children develop different attachment patterns with different caregivers. The cognitive process, mental functioning, personality, attitude and attention paid of the caregivers/parents to the children is reported to determine the attachment pattern of caregivers with children (Collins and Read, 1994). Gillath et al. (2008) argue that iterated interactions and encounters of children with their caregivers produce mental framework of expectations and concerns which in turn determine the level of attachment security. The conditions and situations in which these interactions take place may affect the link between the staff attachment anxiety and child behavioural problems (Bretherton, 2008) Thus it can be argued that caregivers' anxiety and avoidance behaviour may be triggered by the external complicated environment such as marital issues and work

related issues, thereby making the link between the staff anxiety/avoidance and child behavioural problems even more complex.

Although the study found that child security had a partially mediating effect, the study found that child ambivalence and avoidance at T2 does not mediate the effects of staff anxiety and avoidance at T1 on the child distress at T2. Based on this finding, it can be argued that a more general notion of child's insecurity as a mediator is a stronger predictor of child emotional problems than other forms of insecurity, as measured by the ambivalence and avoidance scales.

6.5.2 Discussion on hypothesis 2

This study reported that child security at T2 partially mediated the effects of staff MBI at T1 on child psychological distress at T2. These results suggest that staff burnout affects the child security; the higher the burnout of staff, the lower the child security score, and the lower the child security, the higher the child psychological distress. Many other studies have reported similar findings in different caregiving environments such as hospitals (Harms, et al., 2011; Simmons, 2009; Pines, 2004). The impact of staff burnout on the emotional disorders of children via child attachment security can be seen within the context of organisational factors (Vanheule & Declercq, 2009). One of these organisational factors is the pressures from the superintendents of orphanages. The pressures from managers to perform at the workplaces are reported to cause staff burnout threatening the secure attachment between the staff and children in residential care which would explain that the results of this study showed that staff burnout does have an effect on child security (Ross et al., 1989). The unstable and insecure attachment between staff and children in turn leads to an increase in the psychological distress of staff (Ross et al., 1989; Schaufeli & Salanova, 2007) which would explain the mediating effect of child security in this case.

Children will be securely attached more to staff who meet their needs and expectations, while the insecurely attached child will feel the absence of care, unresponsiveness and unavailability of the staff to meet these needs (Roskam et al., 2017; Norberg, et al., 2007). Staff who suffer from burnout and/or general distress are less likely to be responsive to the children's needs. This uncertainty in care provision will lead to disruptive behaviour among children in order to attract the attention of the staff (Norberg, et al., 2007), which can lead to a vicious circle between staff burnout and child insecurity.

According to previous research employees find it difficult to establish a secure bond with the increasing number of children at orphanages, which contributes to staff burnout and leads to an insecure bond between the staff and children, and emotional disorders among the children in residential care (Spooner-Lane and Patton et al., 2007; Laschinger et al., 2012). With the passage of time, staff burnout may be intensified threatening further the secure bond between the staff and children, and hence causing child psychological distress via child secure attachment. These propositions are supported by the many other studies relating to parent-child secure attachment and child emotional disorders (Abu-Masood, 2010; Awad and Hijazi, 2013). This is supported by Cummings et al. (2004) and Oates et al. (2005) who said in reference to married mothers, that distress can cause insecure attachment, and if a married mother is in an abusive relationship they will struggle to offer secure attachment (Hardy, 2001, Cummings et al., 2004).

Furthermore, too much demand from the children, cynicism of insecurely attached children, and ignorance of the staff towards these demands engender the insecure relationship between the child and caregiver (Simmons et al., 2009; Evers et al., 2009). The daily interactions of the staff with the children and facing the non-cooperative attitude of the children on daily basis causes an increase in staff MBI which lead them to treat the children as objects rather than human beings, and this is what leads to insecure child attachment. Due to emotional exhaustion, staff are less likely to attend the children when they cry or are upset or demand

attention. Even when staff fulfil the children needs, they may do so without much kindness and an element of callousness as suggested in previous research (Poncet et al., 2007; Jenkins and Allen, 1998). Thus, it can argued that staff burnout contributes to the development of insecure attachment between the children and staff, through which it exacerbates the emotional and behavioural issues of children under care,

Several other studies have shown that staff burnout can influence human bonds. Pitfield et al. (2011) supported that staff depersonalisation increases the distress of the care recipients in the hospitals by increasing the insecure attachment level, which acted as a mediator. Another study also reported that depersonalisation of the supervisors directly increased the distress of employees, which is also consistent with the current study (Hastings et al., 2004),

6.5.3 Discussion on hypotheses 3 and 4

In this study, neither child avoidance nor anxiety at T2 mediated the effect of staff burnout at T1 on the children's psychological distress in T2. This finding appears to be in contrast with other studies. For example, Mikulincer and Florian (1995) found that staff burnout of supervisors significantly increased the avoidant attachment of military recruits, which consequently increased the psychological distress of the recruits. Nelson and Quick (1991) reported similar findings for students working full time. Moreover, Hawkins et al (2007) found that patients at a hospice faced a greater level of psychological stress due to increasingly ambivalent attachment of patients, mainly triggered by the burnout of nurses. Many others found similar results in care homes giving care to dementia patients and people with chronic illness (Mikulincer and Shaver, 2008; Mills, 1999; Mikulincer et al., 2009). Although those studies support the mediating role of ambivalent and avoidant attachment in the link between carers burnout and distress in those cared for, these are studies involving adults. The relationship between orphan children and their carers may present different dynamics that

are only captured by the security scale. Pines (2004) found the positive association between staff burnout and ambivalent attachment of children.

6.5.4 Discussion on hypothesis 5

The findings demonstrated that child security partially mediated the effect of distress of the staff on the psychological problems of children. The orphaned child needs quality of care provided by the caregiver in order to show appropriate social behaviour, cognitive and psychological competence, stable emotional wellbeing, and positive psychological development (Brumariu and Kerns, 2010). The quality of attachment is primarily determined the attachment figure's responsiveness at the time of distress (Kerns and Brumariu, 2014). Attachment figure/parents/caregivers suffering from any clinical psychological disorders are unable to provide the quality of the attachment to the children (Weinfield et al., 2008). Similarly, in the current study, staff that are suffering from distress may not be able to provide quality attachment shown to result in attachment insecurity in children. During their daily interactions with children under their care, caregivers suffering from psychological distress are unable to present themselves as caring, responsive and readily available to children. Many studies show that responsiveness, availability and care are particularly important for children suffering from emotional traumas, like the children in the current study (Kerns, 2008; Thompson, 2008; Weinfield et al., 2008).

Bowlby (1973) posited that children are uncertain about the availability of the psychologically distressed parents, and consequently an insecurely attached child responds with anxiety and emotional instability during their daily social interactions with peers. This latter point confirms the idea in the current study that the insecurity in the children would lead to behavioural problems. Other studies have also shown similar findings to his study in relation to children being taken care of in hospitals and residential care (Adshead, 1998; Manassis et al., 1994).

The attachment avoidance of children under care did not mediate the relationship between the psychological distress of the staff and the psychological problems of the children. Although, avoidant attachment style represents an insecure style, the early independence they have experienced tends to enhance their adaptability, coping capabilities, and competencies to deal with stressful situations (Shaver and Mikulincer, 2002). Therefore it is possible that the psychological distress of the staff and their non-availability and non-responsiveness, have no effect on the emotional and psychological problems of the children, which could explain the findings of this study.

Similarly, this study found that child ambivalence did not mediate the effect of psychological distress of the staff on the emotional problems of the children. This finding may be explained by the previous literature. For example, the distress of the caregiving figures may increase the ambivalence of children, if the social structure does not offer any crystal-clear instructions for children as to how to behave in particular circumstances (Connidis and McMullin, 2002; Shapiro, 2004). Supporting the views of Connidis and McMullins (2002), some researchers argued that having contradictory feelings (positive and negative) about the same relationship arises when the social roles have contradictory expectations for behaviours from children under care (Luescher and Pillemmer, 1998; Wilson et al., 2003). As the residential care staff in Saudi Arabia usually do not question the pre-defined roles and social structures in an organisation and organisational structures change very slowly, some stability exists in the environment that seems to protect ambivalent children against staff distress.

6.6 A theoretical model derived from the Study 2 and Study 3 findings

The theoretical model as depicted in figure 6.1 explains and illustrates findings of Study 2 and 3 which resulted from the analysis of data collected from employing six questionnaires (three for children and three for caregivers) given to 61 orphanage caregivers and 261 children. This theoretical model depicts Study 2 in terms of how the relationship between the independent variables which included, child attachment avoidance, child attachment ambivalence and child

security and the dependent variable which was child behavioural problems (SDQ) was moderated by staff-related factors (staff attachment anxiety, staff attachment avoidance, s and staff burnout. Furthermore, the model also depicts the child related factors (child attachment avoidance, child attachment ambivalence and child security) as moderators and the moderating effect they have between staff related factors (staff attachment anxiety, staff attachment avoidance, staff attachment ambivalence and staff burnout) as independent variables and child SDQ as the dependent variable.

The theoretical model also depicts the mediating effects derived from the longitudinal data presented in Study 3 in terms of how child attachment security at T2 mediated between the independent variables at T1 (staff anxiety and avoidance, staff burnout, staff general distress) and the dependent variable, which was child behavioural problems at T2.

6.6.1 Limitations of the study

Although this longitudinal study may be stronger in establishing cause and effect relationships, it presents a number of limitations similar to Study 1: the use of newly translated questionnaires, interviewer effects, demands characteristics, and nesting effects. Future research needs to address these limitations.

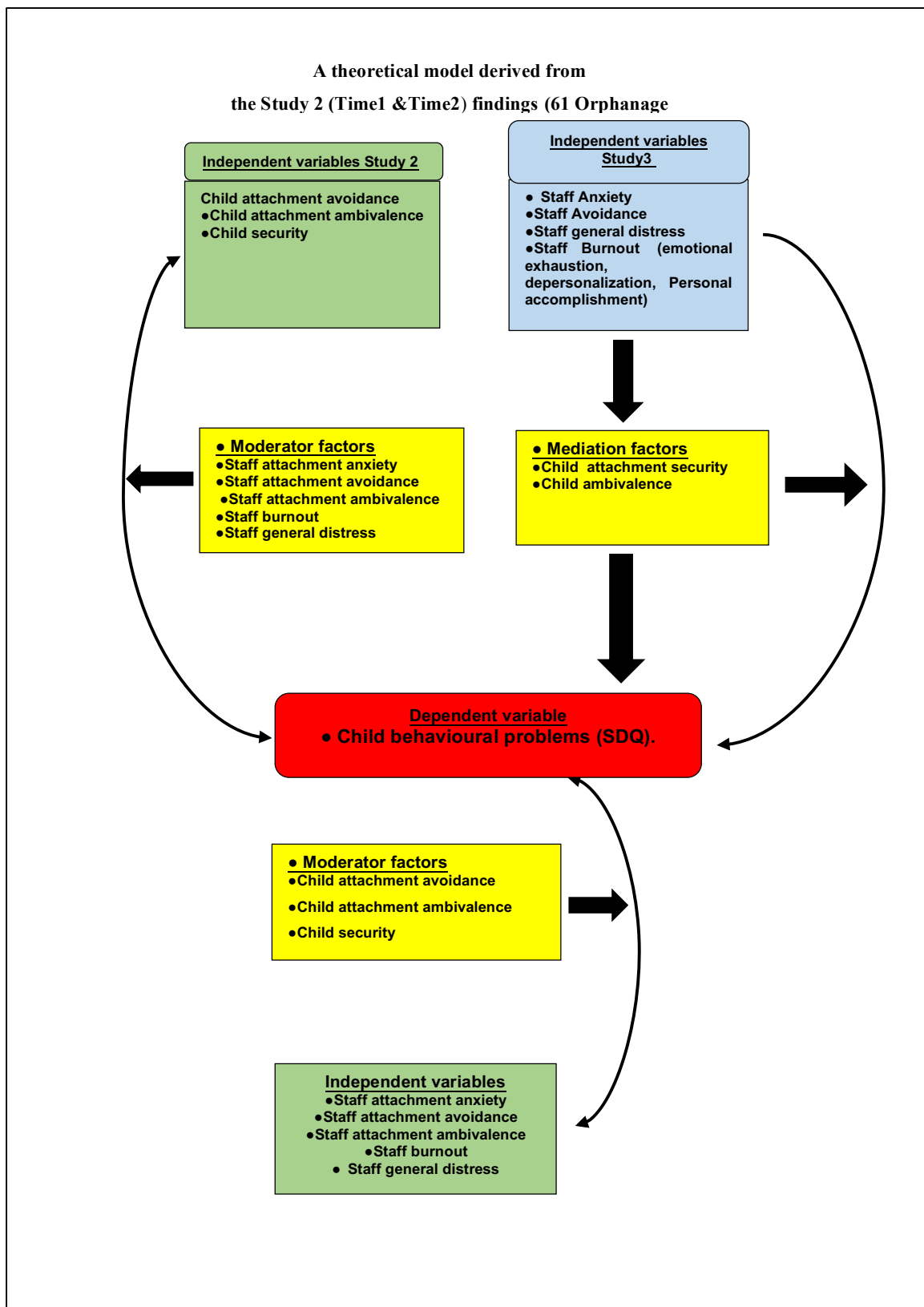


Figure 6-5 A theoretical model derived from the quantitative research findings (Study II, Time 1 & Time2).

Chapter Seven: General discussion, conclusions, and future directions

7.1 Introduction

This chapter begins with a general discussion of the methodology employed for this study and then progresses to the overall findings obtained from qualitative and quantitative findings across three studies. These are related to the aims and objectives of the research through discussion about how they answer the research questions and address the hypotheses. First, perceptions of the staff towards the children in their care and the services they offer are discussed. Attachment theory is used for the framework for this study which is also discussed; styles of attachment patterns have been shown to influence behaviour patterns and the way individuals deal with experiences in their life. This is important as it is an indication of the coping strategies individuals use, which may have an impact on their physical and psychological well-being. Within the context of Saudi children in residential care, this is an area of concern as it may have a significant impact on their long-term mental health, in consideration of the attachment styles of both the carers and the children being cared for.

The limitations of the study are then considered and the implications of this research are presented, indicating where recommendations can be made. The chapter then provides suggestions for future research.

7.2 Can staff function as attachment figures: exploring their subjective accounts

The first study set out to explore the wellbeing of children in Saudi orphanages and the care provided to them by managers and care staff within these orphanages. It has investigated the attitudes towards these children, both from carers and from society in general, and reflects on whether and in what way staff can function as attachment figures to the children. It has also reflected on the working conditions and psychosocial characteristics of carers and how this has an impact on their ability to care for the children. As these children are not in a familial

environment, the primary caregiver from the orphanage must be the one addressing their emotional needs.

The attitudes the care staff had towards the children in their care reflected those of Saudi society in general. There is a stigma attached towards orphans and the language used by staff to describe these children emphasised that such children in care were seen as outside the norms of Saudi society. The use of derogatory terms was common and to an insider would not have been out of the ordinary. In taking a more objective stance, it can be implied that children in residential care are deemed as being at the lower levels of society and, consequently, do not have as much value placed on them. This may have an impact on the children as, thus labelled by society, it means their behaviour may be influenced through the self-fulfilling prophecy (Haralambos & Holborn, 2008). Despite there being some who suggest that the labelling theory ignores the fact that individuals can resist, there is still a concern that these children in care may consider themselves as inferior to others.

Such labelling goes further than the language used to describe them; there are also buses taking them to schools, which identify that they are from orphanages. It is, therefore, not only in the residential centres that they are referred to in specific terms, but they can be picked out by their peers at school as being different. They are not seen as individuals, rather as a stigmatised group, and this can consequently lead to the children feeling that their behaviour should match what people expect of that group (Leobard et al, 2012). This is further engrained by the Saudi community in general not wanting children who grew up in care to be part of their tribal families; this limits any opportunities these children may have of a future normal married life within the confines of Saudi society. Yet the girls are prepared for marriage, being taught useful home-making skills, and attention is paid to teaching the boys skills that may be useful for their future employment. There is no indication that the children are allowed to develop skills that are of interest to them, or at which they may excel, but this is not altogether surprising in a collectivist society; they are being prepared for contributing to society in the future and

individual preferences are subsumed by the greater need.

As indicated, there are likely to be problems with children's behaviour due to feelings of low self-worth; reports of these children self-harming may be their way of coping with these feelings of low-esteem. Previous research indicates that young people experience emotions of loneliness, depression or anger (Laye-Gindhu & Schonert-Reichl, 2005) and it is a function for helping them to cope with negative events outside their control (Nixon et al, 2002). Care staff reported many instances of aggressive behaviour from the children and these were often following rejection by a potential foster family. This again leads to the possibility that these children were acting in a way that they believed was expected of them. It may also come from being institutionalised, as when the children attend school, there are no specific complaints about their behaviour; indeed, they seem to enjoy their time at school and act in the same way as all the other children in the classroom. Perhaps in the school environment they are able to focus on learning and this brings some normality to their lives, as they are encouraged to do well and compete on equal terms with the other children.

It may be that in the schools they have a sense of belonging that is lacking in other aspects of their lives. The care staff acknowledged that the children suffered from a lack of identity and belonging; they are not able to identify with a family environment. Although there is a facility for fostering with families, this is applicable only at weekends and is very much on a selective basis. The children that foster carers choose are those under 13 years of age and with a fair skin; this means children not selected may feel there is something wrong with them, as nobody wants them. This may account for the fostering facility having limited success, where some return to the orphanage, already missing the social interactions of family life, whereas others resent the attitudes that foster families have towards them. It is clear that weekends do not give enough time for children to settle into a foster home and that this is not a beneficial experience for them; when they come back to the orphanage, they may have a sense of loss or they may feel strongly that they do not belong to a family. Furthermore, the Saudi system

does not allow adoption of these children; yet an earlier study by Eisenberg (1965) found that adoption could alleviate many of the behavioural issues found in children who were simply fostered out. Children in foster care have been found to have an exceptionally high rate of mental health problems (Tarren-Sweeney & Hazell, 2006), therefore any kind of fostering programme may not be best suited to the needs of these children.

However, even within the orphanages there are challenges that compromise the capacity of carers to provide good quality of care and act as security providing attachment figures. One of the biggest challenges was for staff trying to deal with the children's disruptive behaviour. It was suggested by the care staff that a rewards system was the best way of promoting good behaviour. Monetary gifts, shopping trips and going to eat in restaurants were given out as rewards for behaving well, although there was no indication that these served as a long-term solution to behavioural problems. Other suggestions included talks on good behaviour from well-known figures in society, or religious programmes, but some of the care staff believed that nothing would correct behavioural issues as children were influenced by other children in the orphanage. In many cases, there has been a failing to appreciate the underlying reasons for such behaviour, although some were aware that it may be linked to emotional needs.

These care staff believed that emotional needs were best met by professional interventions, such as therapy; others felt that cookery or meditation were appropriate responses. There was a general perception on the part of care staff that emotional wellbeing related to bad behaviour. It is an assumption that may misinterpret the emotional needs of the children. Moreover, good behaviour on the part of a child does not mean that their emotional needs are being met. Nor do the staff view emotional wellbeing as their responsibility, preferring to perceive it as the concern of professionals. This has concerns for the parental role that care staff should be taking on, given that they are regarded as the primary carers for the children. The lack of a meaningful relationship between a child and their primary carer may impede the emotional development of a child and has a strong association with behavioural problems (Benoit, 2004).

The researcher sought to find out orphanage staff perceptions on orphanage care and challenges they faced in executing their duties. The results suggest that leadership styles in these institutions are undemocratic hence staff felt they did not have a say in the management of the institutions. Indeed, this reflects the current socio-political climate of the country at macro level. It appears that the organizational/external context (Wheatley, 2001) influences the management of Saudi institutions. Notwithstanding the fact that leaders are individuals with distinct personalities, one may argue that leadership styles are influenced by an array of factors like the leader's personality (Patton, 2002), emotional intelligence and the leader's competence, among other (Wheatley, 2001 ; Ayman & Korabik, 2010). Furthermore, the study found out that staff felt that lack of opportunities to engage in continuous professional development (CPD) made some of them feel incompetent in their duties. Interestingly, the second wave of data collection, the researcher observed that in a few institutions in Riyadh, the narratives of professional development were emerging.

The relationship with their carers is regarded as one of the most important aspects in a child's life, determining their future emotional and social outcome (Benoit, 2004). If this attachment relationship is compromised, then it has a significant impact on a child's future and can be associated with behavioural problems in early and later life. From the perceptions of the care staff, it is clear that they are not able, and in some cases not willing, to invest in providing emotional support to the children and therefore functioning as a security providing attachment figures. This may be improved by training and qualifications, but it is also difficult to see how children can identify with carers, who may be in their position for a temporary period of time, or who are working different shifts. The staff do not have much motivation to seek solutions to the children's problems, nor to put extra efforts into the job; their salaries are very low and they feel they are not valued for the work they already carry out. Many revealed that it was an emotionally draining job for them, dealing with the children and their behavioural problems; they too need support.

7.3 Limitations of obtaining staff views

Despite these views of the staff being informative in this study, there is a need to acknowledge a number of limitations that can be associated with the study of their accounts. These limitations may include negative or positive bias towards their employers. Negative bias could arise as a response to poor pay or poor career prospects while positive bias from wishing to promote the reputation of the institution and cover its shortcomings either due to identification with it or due to fear of losing their employment. Such biases may be increased by the expectation that, being part of research findings, their views may be published. Another source of negative bias may come as staff would want to shift the blame of any shortcomings onto others – senior managers, colleagues, or the institution.

7.4 Links between staff attachment style and distress and child attachment style and distress

The two quantitative studies investigated the relationship between the quality of attachment in staff and children and the behavioural problems of children and found clear links. It was also found that there was a strong association between staff burnout and children's behavioural issues, indicating that the less time carers had for the children, the more those children were likely to show behavioural tendencies. This correlation has been found in many other studies (Kang'ethe, & Nyamutinga, 2014; Subbarao & Coury, 2004; Vashchenko et al., 2010), although a Saudi Arabian study found a negative correlation between teacher burnout and the needs of special needs students; this may be because of the specialist training teachers have, and being part of the more highly regulated education system. The working conditions in the orphanages tend not to produce motivated and well-trained staff, although there is no doubt they are dedicated and caring; it appears that they simply may not have the time or understanding to cope with maladjusted and emotionally-damaged children. Children need individual attention to attend to their emotional needs (Golding et al., 2013) and the care staff do not have the time to provide the amount of individual attention needed. Nor do they possess

the professional qualifications to carry out their duties with the skills, knowledge and confidence the role requires.

Staff who have a clear understanding of the children in their care are more likely to be able to appraise a stressful situation and know how to deal with it (Simmons et al, 2009). Where there is an insecure attachment on the part of the child, as appears to be the case in the orphanages, then the care staff find themselves helpless in the face of a stressful situation that has escalated, as they were unable to deal with it effectively and efficiently. As the care staff become more anxious about the children's bad behaviour, then the child becomes more insecure; such insecurity then leads to children showing anger and frustration, whilst at the same time wanting comfort from the care staff. However, the care staff do not have the resources to respond to such ambivalence; being emotionally drained, the care staff are restricted in their ability to establish a close relationship with the children in their care, and thus minimise such ambivalent behaviour.

A strong attachment on the part of the child would also reduce the risk of children's healthy emotional and cognitive development (Bowlby, 2005); furthermore, it could increase the chances of children's social survival through decreasing personality disorders (Yahya, 2012). In reference to adult attachment, the care staff tend to use avoidance behaviour, ignoring the needs of the children. These are particularly needy children, coming from stressful situations and deprived of the affection they need for their healthy development. It is clear that care staff in an orphanage cannot replace a close family environment, but the level of attachment offered to these children appears to fall well below what is required. This may be due to the staff not knowing how to respond, because they have not had the training to make them aware of how to deal with children in care. Previous studies have shown that avoidant caregivers have not been able to differentiate between the different needs of a child, whether they are tired, hungry or indeed ill (Kokkonen et al, 2014; Pines, 2004).

The quality of the attachment between caregiver and child can be determined by how secure the child feels in their environment. A child who feels abandoned by being left alone in residential care is more likely to experience anxiety (Schofield & Beek, 2005), and it is understandable that many of these children do indeed feel abandoned. Many of the children in this study did not find care staff available for them, when they were experiencing highly stressful situations; they consequently felt abandoned. The levels of anxiety and distress the children experienced was transferred to the caregivers, who then tried to avoid interaction with the children, which increased the children's distress. This indicated the insecure attachment between the care staff and the children in their care. It may also be particularly relevant to the Saudi context, where children are brought up in a social environment that expects obedience from children; when this is not forthcoming, then the caregiver does not know how to deal with such a situation.

However, we need to put the link between keyworker and child security in context. In their many years of stay in the orphanages, the attachment working models of many children are influenced not only by the experiences with parents or other family members before being admitted in the orphanage. These attachments may affect the quality of attachment the children in this study formed with their current caregivers. Collins and Read (1994) describe in detail the complexity in which attachment models are organised and how different specific relationships can influence the formation of more generic models and vice-versa.

It is also clear that this study may reveal different results from some previous studies, due to the Saudi context of the orphanage. The children are more under the authoritarian control of the staff, and they react with anger towards the caregivers, rejecting their authority. In addition, the children have a greater emotional need, craving approval and attention, which is not forthcoming. The conflict between children and care staff increases as staff take action to avoid such conflict, which the children perceive as abandonment; this limits interaction and reduces the quality of any attachment.

7.5 A theoretical model for the three studies

Figure 7.1 shows the final theoretical model for the whole study. The left side of the model represents Study 1, the qualitative study which derived a number of themes, some of which informed Study 2. Specifically, there were 10 themes and associated sub themes from thematic analysis of 50 translated transcripts about the perspectives of the orphanage caregivers (25 male and 25 female). The themes were related to the provision of care and issues related to orphanage staff and children. The themes showed the different types of provision that were afforded to the children, such as material provisions, education, social development and facilitating fostering opportunities, but also the lack of emotional support, problems associated with staff such as lack of training and poor working conditions, and children's stigmatisation.

The right hand side of the model represents Study 2 and Study 3. Study 2 identified the concurrent moderating effects of staff attachment, staff burnout, and child attachment on the link between stressors and mental health outcomes, while the longitudinal Study 3 identified the mediating effect of child attachment insecurity on the link between staff negative characteristics and child distress. The moderation study identified attachment related factors that can protect children and staff from negative mental health outcomes, while the mediation study confirmed how staff psychological and interpersonal limitations can impact child mental health by bringing about insecure child-staff attachment. All three studies support the idea that the quality of the interpersonal relationship between keyworkers and children play a critical

role in the mental health of both groups. As a result, interventions need to be developed that enhance that relationship (see below).

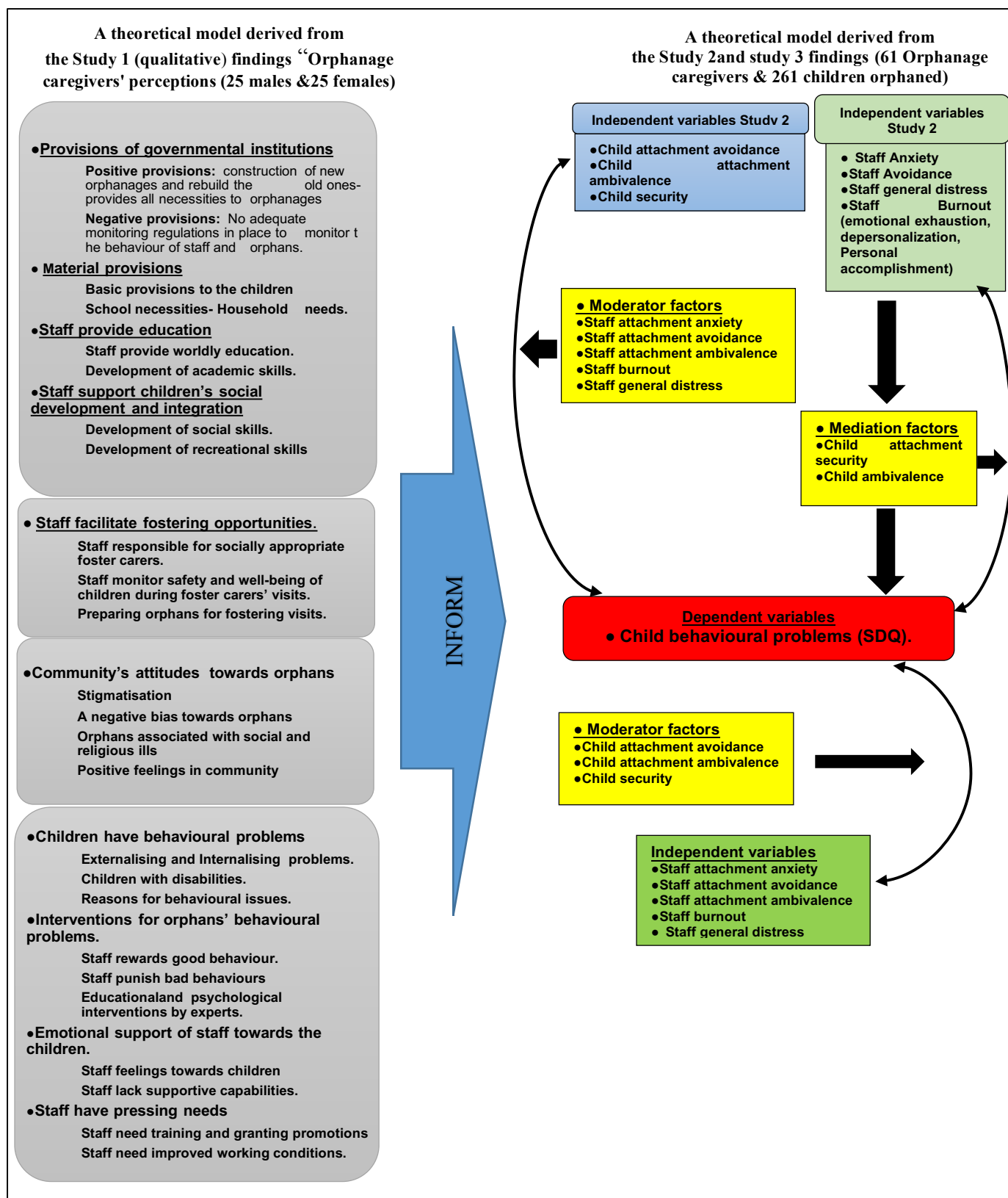


Figure 7-1 Final Theoretical Model for this study

7.6 Implications

A mixed-methods approach including qualitative study and quantitative study adopted to guide this study to address the all aspect of issues surrounding the orphanage institutions per se , as well as all problems encounters the orphanages staff and orphanages. Therefore, this study can be useful to other researchers. Furthermore, the data collection techniques adopted in this study have not beforehand been employed in connection with orphanages institutions. Moreover, recruiting participants and visiting them at their orphanages would have been previously unlikely in Saudi Arabia due to access difficulties in obtaining ethical permission to access these institutions. Thus, an associated implication is that it can highlight potential risks to future researchers of orphanages in Saudi Arabia.

The qualitative results revealed how carers perceived themselves as attachment figures for the children and highlighted the situation at the orphanages in relation to care provision. The study not only highlighted how care was provided but also identified associated problems. Specific examples included that staff did not fully understand their roles as attachment figures, were not properly trained, not properly managed and were suffering from stress and burnout. These qualitative findings then informed the quantitative studies, which tested if staff problems such as burnout and difficulty in relating to childlen, which could be indicative of insecure attachment, had an effect on mental health. The quantitative studies generally were in agreement with the qualitative findings suggesting that the quality of the child-staff relationship is central for the mental health and well-being of both.

The study also has implications for training and development of staff. This study could inform the relevant institutions about the information relevant to orphanages from various aspects, which might be capitalised on the formulating of curriculums and training programs. It can be concluded that the current findings should inform interventions for improving the quality of care in Saudi residential care.

The research also has significant implications for those who are responsible for policy development, whether this is the Ministry itself or the regional departments. These organisations need to take into consideration the findings, that, for example, children are not receiving sufficient emotional support, although there is much material provision, that staff are not properly trained, that there are issues with working conditions and that there are poor and incorrect perceptions about orphans, even among the staff. All of these findings as identified issues should inform the authorities about the nature and extent of the problem and inform future policy development to improve the emotional wellbeing of orphans.

The study clearly illustrates the negative impact of adult insecure attachment styles to children's wellbeing outcomes. Although it is inevitable for staff to change jobs, orphanage care staff revealed that staff turnover is high. Inevitably, this disrupts the attachment bonds with children being cared for, especially the infants (Bowlby, 1968). Equally, transferring children to other orphanages is equally detrimental. However, one might argue that moving children around institutions prepares them for real life situations. The Ministry of Home Affairs is encouraged to make carer's jobs more attractive by offering relevant and motivating training opportunities to equip them with current knowledge and skills needed for 21st century care. This, together with a review of leadership styles can make a difference in how carers perceive themselves.

This research demonstrates that the care of orphans in institutions is detrimental to their emotional wellbeing hence it is suggested that the country discontinues these institutions, in the foreseeable future and adopt western models of looking after children, that is foster care and adoption. However, until the change is effected, intervention strategies may help prevent to some extent the negative consequences of institutionalisation on children's social and emotional development. Policy for intervention strategies should be implemented at national level hence the Ministry of Home Affairs is encouraged to be proactive in policy making and also in implementation. Two main intervention strategies are recommended based on this research. Psychological therapy (individual or group) and nurture groups. These strategies work well with appropriately trained staff. It is imperative to promote early childhood emotional

and social development, as most orphans come to the orphanages when are very young. Interagency working is crucial for early intervention.

Individual and group therapy sessions are needed to help children cope with a variety of emotional problems. Sometimes if individual therapy does not work, therapists may need to involve also carers, or foster carers. Nurture groups can be introduced in the orphanages or in the child's own school. Most orphans have experienced some kind of trauma, like the loss of a parent or being abused by their own families. This increases the risk of maladaptive social behaviours which inevitably impacts on their emotional and education outcomes. Children who did not bond properly with the main caregiver when they were younger, are most likely to suffer attachment disorders like separation anxiety, Reactive Attachment Disorders (RAD) and attachment loss. Nurture groups can support the child to regain their childhood and limit anti-social behaviour by providing a nurturing environment where a relationship of safety, dependency, and emotional closeness is possible (James, 1994). The nurture groups can be an annexe of the special needs department.

Interagency working and Team round the Child (TAC) can be another strategy. Interagency working in Saudi Arabia is not as pronounced as it is in the UK, for example the notion of TAC Team around the child whereby different agencies work collaboratively in order to improve child outcomes. The team around the child amalgamates main carers and other professionals like social workers, therapists, the school, mental health practitioners to forge a way forward for the betterment of the child's social and emotional development. Timely communication among agencies is key to assure the child's needs are assessed and appropriate support offered.

Psychological support should also be offered to staff either in the form of psychological therapy or psychoeducational groups. As the results of all three present studies indicate, central for the mental health of both children and keyworkers is the relationship between the two. As relationships involve two parties, institutions in Saudi Arabia need to offer support to both.

7.7 Challenges of data collection

The process of data collection was mostly positive, many scheduled meetings happening as per arrangement. However one significant change to field work was instigated by the Ministry of Social Affairs who suggested that data collection should not only be restricted to Riyadh only. The researcher was advised to collect data from 2 other cities in Saudi Arabia so as

generalise findings to the whole country. As a result, data was collected in Riyadh, Jeddah and Dammam. This decision had cost and time implications. Jeddah is 949 kilometres and Dammam 395 kilometres from Riyadh. A total of five institutions were investigated for both genders and within the 5-17 years age range of orphans. Despite these changes, gaining access to the gatekeepers was made possible by written permission from the Ministry of Social Affairs.

The researcher made a follow up on some questionnaire responses by telephone conversation. Although access to most institutions was gained without further questioning boys' institutions needed more time to notify top management so clear lines of communication could be established and clarified according to Saudi traditional guidelines on cross gender close contact. This was meant to protect both researcher and male participants.

In Dammam, staff wanted to be present in children's questionnaire sessions in order to safeguard their interests and motivate them to participate freely and help them to feel safe in the company of an unknown adult. However, researcher requested time with children alone to allow them to respond freely, without fear of prejudice from staff. The researcher asserted the need to have child participants interviewed in the comfort of their own villas, allowing them to choose a specific room they felt most comfortable with.

Cultural expectations of hospitality and meal sharing with guests also impacted on scheduled time for collection of data. Most children seemed comfortable with participation. A few were shy and some reluctant because of "failed promises by previous researchers" hence they felt less committed to take part. Similarly, most adults were supportive but a few seemed anxious and some raised suspicions about the nature of the research topic.

7.8 Limitations of the study

In relation to the qualitative study restricted access to male meant that I was not able to ask probing questions as different issues arose during the interview in those cases. Also face to

face interviewing compromises anonymity and that may be seen as a threat of losing their jobs by some staff members. In relation to the quantitative studies some of the questionnaires that were used in this study had not been validated in Saudi Arabia, these included Security Scale, Coping Strategies, and Experience in Close Relationships Questionnaires. Also, the correlational nature of the studies does not allow strong claims about causation.

In reference to the possibility of respondent bias as a limitation to the study, there are a number of reasons why respondents may not have answered openly. Both the management and staff may not have been willing to criticise practices at the orphanages. The care staff may not have wanted to criticise the way that they themselves and other staff care for the children, and it may be reasonable to expect them to paint a positive picture of the care they provide. Furthermore, they may be concerned with protecting their employment. Although a partial protection against these biases may have been achieved through ensuring the confidentiality and anonymity of the study, the possibility of such biases always remain.

Sample selection should be acknowledged as another potential limitation. Saudi Arabia is a large country with a wide variation in local culture between different regions, and although the study did cover three of the more populated regions; Hijaz in the West, Riyadh in the centre and Damman in the East, there are vast regions in the North and South, as well as other central regions, that have very differencing cultures. The differences in cultures could be associated with different attitudes to orphans. A related problem identified in the data was nesting effects, as collection sites differed on many study variables. Future analyses of the data need to control for such differences using appropriate techniques. It is important to note other (confounding) variables may have influenced results. For example, life circumstances of staff outside employment may affect their disposition to develop burnout, instead of, or in addition to, lack of training or children's difficult behaviour. Similarly, children's problematic relationship with foster parents may have an effect both on how to relate to the keyworkers and the level of distress they experience. Future research needs to address these possibilities

by controlling for such variables.

7.9 Future Research

Further research in the same subject can focus on working on intervention strategies to improve child-carer attachment. Such studies have been successful with institutionalised children, as discussed in the study. Study – I revealed some interesting themes related to staff competence and attitude, which were found to not be compatible with requirements of job. A quantitative study could be conducted in order to evaluate the compliance behaviour and actions of staff according to rules and regulations for providing care to children. This would further establish and verify the identified issues with staff that have been shown to have a detrimental effect on children's wellbeing.

Future research could also look at the appropriateness of existing interventions for the Saudi context. Interventions that are established in Western countries may not be suitable for a Saudi Arabian context due to cultural and administrative differences, a future study could look at how interventions could be adapted for different cultural contexts. The children from the orphanages are sent to the foster homes or fosterers on regular basis. There is a need to determine the impact of fosterers on the mental health of the children. A future research study can be planned to determine the role and attachment issues of these foster carers and how children under the influence of potentially two types of care and carers, which would involve different attachment styles on the part of children and adults, would have an impact of the child's emotional wellbeing. One of the findings of the study was that there was a problem with stereotyping orphans and that they had a reputation in society and among some carers as being of a lower status. This negative perception of society also affected the orphans themselves as they felt conscious of their status in society. A future study could firstly, establish how such perceptions can have a detrimental effect on children, and secondly, how such perceptions can be changed to the betterment of the children's emotional wellbeing

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Appendices

Background knowledge of children:

- 1) How many children do you receive per year?
- 2) How does this happen?
- 3) How many do you have at the moment? Where do they come from?
- 4) What is the background of these children?
- 5) How do you feel about them?
- 6) Do you think you can do anything to improve their lives? Like what?
- 7) What aspects of their lives does the institution improve?
- 8) Do you have any children with depression? What do youth ink causes depression in?

Practices:

- 1- Do the children have contact with the outside world? How?
- 2- Do the children visit their biological parents?
- 3- What do you think the institutions offer to kids?
- 4- What specific activities do you have?
- 5- How many kids do you place with foster carers? How do you select foster carers?
- 6- How often do the kids go to the fostering carers?
- 7- Who picks up the kids?
- 8- How do you collect them from the foster carers?
- 9- What type of transport do you use for the children between the institution and the foster carers?
- 10- What criteria do you use to select the children for the program?
- 11- Do you think this has any benefit to the children?
- 12- How do you measure the effect this has to the children?

13- What are the sleeping arrangements? Do the children go to bed by themselves?

14- How many kids per room? What is the size of their bedrooms?

15- What does staff normally do to ensure that children have a good night sleep?

16- What are the dinner arrangements?

Interventions:

1- Do you have aggressive kids? Can you give me the examples

2- Do you have shy kids? How do you deal with them? Can you give me examples?

3- What other problems do you experience?

4- What interventions do you have in place to manage the psychological wellbeing of the children?

5- How do you think the interventions help the children emotionally?

6- What activities do you do with the children to improve their social skills?

7- Do you think what you do in this institution is effective? Give examples?

8- What improvement do you think are needed in the way you care for children?

9- What are your opinions on;

- **Staff training**
- **Corporal punishment**
- **Rewards**
- **Staff salaries**

Education

- 1. What is the school routine?**
- 2. How many hours do they spend at school?**
- 3. Do they follow the same curriculum as all other kids in Saudi?**
- 4. Who teaches these kids at school? At the home after school?**
- 5. What are the qualifications of the teachers?**
- 6. How do the children go to school? What method of transport is used?**
- 7. How do you feel about transporting children to school in a labeled bus? Do you not think this would cause stereotypes?**
- 8. Who is responsible for resolving the problems the children face at school?**
- 9. If the parents are unknown, when is the child told and how?**
- 10. What is their school levels/grades like?**
- 11. Do the children prefer going to school or staying at the home?**
- 12. In your opinion, is there an attitude towards the children who live in orphanages (stereotypes etc)**

Appendix 3.2 : Consent Form for Interviews

عزيزي /عزيزتي المشاركة

اسمي نجلاء عبدالرحمن الجساس ، طالبة دكتوراة من جامعة بدفردشير في بريطانيا .

najla.al-jasas@study.beds.ac.uk في حالة رغبتك في أي سؤال تكرما ارجوا السؤال أو التواصل عبر الايميل

Antigonos.Sochos@beds.ac.uk وللتواصل مع مشرفي الدراسي

أرغب في دعوتك للمساهمة في بحثي هذا، لأنك موظف أو موظفة في الدار ومن الممكن أن يأخذ الاستبيان نصف ساعة هذا الاستبيان سوف يحفظ في مكان آمن في مكتبي الخاص في درج مغلق .

E-mail : d _
aalhosain@ hotmail.com وفي حالة الشعور بأي ضغوط نفسية يمكن التواصل مع الدكتورة أسماء الحسين

أرجوا التوقيع وكتابة أسمك بأن عمرك أكبر من ١٨ سنة وهذا من أخلاقيات البحث في الجامعات البريطانية.

أسمك

توقيعك



الأطفال من عمر ١٠ سنوات

أرغب في دعوتك لمساعدتي في دراستي. دراستي في جامعة بدفردشير في بريطانيا .

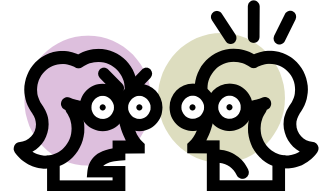
أ/الغرض من الدراسة لمعرفة

- كيف تشعر.

- كيف الموظفين يساعدونك كي تشعر بالسعادة وكذلك مساعدتك المدرسية.

ب/ ماذا يحدث في حالة ساعدتني في بحثي

- سأطلب منك التوقيع على الإستمارة في حالة الموافقة.



- ستكمل الاستبيانات بمساعدتي.

ج/ هل سوف استخدم أسمك في الاستبيانات ؟

- لا بالتأكيد لا.

- لن أشارك بإسمك مع أي شخص .

د/ ماذا يحدث إذا رغبت في التوقف عن الإجابة؟



بالتأكيد تستطيع التوقف

أسم المشارك.....

الباحثة /نجلاء الجساس

najla.al-jasas@study.beds.ac.uk

الأطفال من العمر ٥-١٠

اسمي نجلاء الجساس

ارجوك أن تساعدني أو تساعدني

لماذا تساعدني /تساعدني



- أرغب في معرفة لماذا تشعر في الوقت الحالي.
- سوف أقرأ بعض الأسئلة عليك من الورقة.
- سوف تخبرني أي إجابة أفضل بالنسبة لك.
- لا يستطيع أحد إجبارك على الإجابة.
- تستطيع أن تقول لا في حالة عدم الرغبة في المواصله.
- إذا أنت موافق في أن تكون مشارك ارجوا كتابة أسمك

تستطيع أن تسألني أي سؤال في أي وقت ترغب

Appendix 3.3 : Ethical Approval from Bedfordshire University

Submission

	UNIVERSITY OF BEDFORDSHIRE FORM RS1 – MPhil/PhD
---	--

Students should allow sufficient time for their supervisors to review and sign the RS1 forms ensuring that the completed document can be submitted to the RGS by the four month deadline.

The completed RS1 documentation is listed below and all of these documents must be submitted to RGS by either the student or by their supervisor.

It is strongly recommended that the student takes ownership of the process and ensures that the complete paperwork for his/her application is signed and submitted to the RGS. It is the student's responsibility to alert the RGS if there are any delays.

The RGS require the following documents.

1. Fully completed RS1 form (Part 1 to be completed in full and signed by student, Part 2 to be completed in full by, and signed by, the DS and the second supervisor)
2. 1000 word (max) RS1 report
3. Ethics form, fully completed and signed by student and DS
4. Completed Training needs analysis form signed by student and DS

The preferred formats for submission to the RGS is via the online RS1 Submission form www.beds.ac.uk/rs1submission or by email with electronic attachments, however hard copies of the forms may be submitted with physical signatures if necessary.

Documents may be signed with a physical signature or a scanned copy of your signature. Pseudo "signatures" in handwriting style fonts as shown below are not acceptable.

Part 1 – To be completed by Student (This form must be typewritten)

1. Application for Research Degree Programme Approval for the degree of: *(delete as applicable)*

- (i) Master of Philosophy (M)
- (ii) Master of Philosophy with transfer possibility to Doctor of Philosophy (M/P)
- (iii) Doctor of Philosophy (PhD)

2. The Student

2.1 Registration No	1220505
---------------------	---------

2.2 Name	Najla Abdul Raman ALjasas
2.3 Research Institute	IASr
2.4 Mode of study (<i>delete as applicable</i>)	Full Time

3. External Collaboration: (*please include a copy, where appropriate, of the formal collaboration arrangement*)

4. Ethical Issues:

Please append the completed RS1 (Ethics Approval Form). This will be forwarded as a separate document to the relevant Research Institute Ethics Committee.

5. Title of research proposal (*no more than 15 words*)

6. JACS Code (for International students who required ATAS approval upon application)

L500

7. The Report (*maximum of 1,000 words - excluding bibliography*)

A full report should be appended as a separate document to the form (pages should be numbered and name and the submission date must appear on each page) please ensure that the following are covered

- 7.1** Aim(s) and main objectives of the investigation
- 7.2** Proposed plan of work and time plan (including its relationship to previous work)
- 7.3** Details of facilities available for the investigation

8. Word length of report (excluding bibliography and appendices¹)

¹ The total word count of the appendices must not exceed 500 words.

9. Statements by the Student

9.1 I wish to apply for Programme Approval on the basis of the proposals given in this application.


9.2 I confirm that the particulars given in Sections 1- 8 are correct.

9.3 I understand that, except with the specific permission of the University of Bedfordshire I may not, during the period of my registration, be a candidate for an award of another university/or for another award of the University of Bedfordshire.

9.4 I understand that, except with the specific permission of the University of Bedfordshire, I must prepare and defend my thesis in English.

9.5 I confirm that I have read the University's current Research Degree Regulations for the Award of Research Degrees, the Research Degrees Handbook and the Guidance Notes prior to completing this form.

9.6 I confirm that it is my decision to submit this form and proposal and that I have taken into account the advice and guidance of my supervisors.

Signed (Student) ²		Date	13/2/2014
-------------------------------	--	------	-----------

² Documents may be signed with a physical signature or a scanned copy of your signature. Pseudo “signatures” in handwriting style fonts are not acceptable.

Part 2 – To be completed by the Supervisory Team
(This form must be typewritten)

Application for Research Degree Programme Approval

Director of Studies to sign in all 4 sections highlighted in red on page 5 and 6.

Second Supervisor to sign once on page 6.

(Please see the Notes of Guidance for the completion of RS1)

1. The Student

1.1 Registration No.		1.2 Student Name	
----------------------	--	------------------	--

2. Supervisory Team (please complete fully, including the section on supervisory experience)

2.1 Director of Studies

Name	Antigonos Sochos		
Post Held:	SL		
Research Institute:	RCAP		
I confirm that I have submitted to the RGS within the last three years an up to date copy of my curriculum vitae (delete as applicable)		<p align="center">Yes / <i>If no, please attach a copy to this form.</i></p>	

Supervisory Experience of Director of Studies (please complete tables below)

Supervised to completion	
Degree	No. of students
MA/MSc by Research	
MPhil	
PhD	1
Professional Doctorate	

Currently supervising (please complete as appropriate)						
Name of student	Degree	As DS	As 2 nd Supervisor	Post RS1	Post RS4	In exam stage

2.2 Second Supervisor	
Name	Samuel Stein
Post Held:	Honorary Professor
Research Institute:	IHR
I confirm that I have submitted to the RGS within the last three years an up to date copy of my curriculum vitae (<i>delete as applicable</i>)	<p style="text-align: center;">Yes</p> <p style="text-align: center;"><i>If no, please attach a copy to this form.</i></p>

Supervisory Experience of Second Supervisor (*please Complete Tables Below*)

Supervised to completion	
Degree	No. of students
MA/MSc by Research	
MPhil	
PhD	
Professional Doctorate	

Currently supervising: (<i>please complete as appropriate</i>)						
Name of student	Degree	As DS	As 2 nd Supervisor	Post RS1	Post RS4	In exam stage

3. Planned frequency of contact between student and supervisory team: (<i>please refer to the University Regulations</i>)

4. Health and Safety Issues	
4.1 I confirm that I have made the student aware of the Health & Safety Policy as outlined in section 5.1.2f and 5.1.3 in the Research Degrees Handbook.	Yes / No
4.2 There are no health and safety issues associated with this project or	Yes / No
The student and I have identified and given due consideration to the following health and safety issues: (<i>please make a note below of the issues considered</i>):	

Signed (DS)³		Date	

5. Training and Development			
5.1 I confirm that I have undertaken the mandatory training needs analysis with the student and the document has been attached to this form.			Yes
5.2 Details of Programme of related study (see <i>Guidance notes</i>)			
5.3 For International Students only: (please answer yes or no) I confirm that the student is in need of additional English support and that this has been recorded on the Training Needs Analysis Form.			Yes
Signed (DS)⁴		Date	

6. ATAS (for International students and only where applicable)			
6.1 I confirm that the proposed research remains within the description for which ATAS approval was granted.			Yes
Signed (DS)⁴		Date	

7. Recommendation by the Supervisors (please delete as applicable)			
7.1 We support this application and believe that the student has the potential to successfully complete the programme of work proposed.			Yes
7.2 We confirm that we have read University's current Research Degree Regulations for the Award of Research Degrees and the Research Degrees Handbook.			Yes
7.2 We recommend that this student be granted programme approval			Yes
or			
If you have any issue that you would like to bring to the attention of the RGS please list them below:			
Signed (DS)⁴		Date	
Signed (Second Internal Supervisor)⁴		Date	

³ Documents may be signed with a physical signature or a scanned copy of your signature. Pseudo "signatures" in handwriting style fonts are not acceptable.

⁴ Documents may be signed with a physical signature or a scanned copy of your signature. Pseudo "signatures" in handwriting style fonts are not acceptable.

Signed <i>(Third Internal Supervisor)</i> ⁴		Date	
--	--	-------------	--

For RGS office use only

RGS Member of staff processing submission:

Sent to DI to identify reviewers	Date:
Reviewers identified:	1.
	2.

Stage 1: First Submission				
Sent to reviewer 1	Date:			
Date review due	Date:			
Date review received by RGS	Date:			
Recommendation of Reviewer 1	Approve			
Decision of DI	Approve send to RDC (go to stage 6)			

Stage 2: First Submission (Second Review)				
Sent to reviewer 2	Date:			
Date review due	Date:			
Date review received by RGS	Date:			
Recommendation of Reviewer 2	Approve			
Decision of DI	Approve send to RDC (go to stage 6)			

Stage 3: Academic Approval Panel (AAP) for First Submission				
Membership of AAP approved by RGS		Date:		
RGS send out arrangements of AAP		Date:		
Membership of Panel				
1.		2.		3.
Date of approval panel	Date:			
Decision of AAP		Approve send to RDC (go to stage 6)		
Date of re-submission:				

Stage 4: Second Submission				
Sent to reviewers 1 and 2	Date:			
Date review due	Date:			
Date review received by RGS	Reviewer 1:		Reviewer 2:	
Recommendation of Reviewer 1	Approved			
Recommendation of Reviewer 2	Approved			

Decision of DI	Approved send to RDC (go to stage 6)			
-----------------------	--------------------------------------	--	--	--

Stage 5: Academic Approval Panel (AAP) for First Submission					
RGS send out arrangements of AAP		Date:			
Date of approval panel		Date:			
Decision of AAP					
Approve send to RDC (go to stage 6)		Approve but amend registration		Terminate Registration	

Stage 6: Send to RDC				Date of RDC:	Date:
Submitted fully completed documents to RDC (tick below):				Date:	
RS1 Report		Rs1 Form		RS1 Ethics	
TNA		CV of DS		CV of 2 nd Sup.	
RDC Outcome	Approved				

Appendix 3.4 : Ethical Approval from Dr Antigonos Sochos



**The Embassy
Kingdom of Saudi Arabia
12 October 2015**

Department of Psychology
University of Bedfordshire
Park Square, Luton LU1 3JU
United Kingdom

Dear Sir

I write on behalf of my doctoral student Mrs. Najla AbdulRahamn AL jasas .

She passed the first year, she has completed her data collection twice; First data collection from 13.7.2014 to 28.8.2014 to interview staff only. She has also completed the second data collection in orphanages surveying staff and kids from 23.6.2015 to 25.8.2015.

Finally, a third wave of data collection from 25.6.2016 to 25.8.2016.

Best Wishes ,

A handwritten signature in black ink, appearing to be 'AS', written in a cursive style.

**Dr Antigonos Sochos, PhD CPsychol AFBPsS
Senior Lecturer in Psychology
Department of Psychology
University of Bedfordshire
Park Square, Luton LU1 3JU
United Kingdom
Tel: 0044 1234 400 400 ext. 2037**

Appendix 3.3: Ethical Approval from Saudi Arabia

Kingdom of Saudi Arabia
Ministry of Higher Education
Shaqra University
Vice Presidency for Graduate
Studies and Scientific Research
Vice President's Office



المملكة العربية السعودية
وزارة التعليم العالي
جامعة شقراء
وكالة الجامعة للدراسات العليا والبحث العلمي
مكتب الوكيل

الرقم: ٤٧/٢١/٥ التاريخ: ٢٠٢٠/٦/٢١ المشفوعات:

سعادة مدير إدارة التخطيط والتطوير الإداري بوزارة الشؤون الاجتماعية حفظه الله
السلام عليكم ورحمة الله وبركاته ،،

المحاضرة / نجلاء عبدالرحمن الجساس ، إحدى مبعثات الجامعة إلى بريطانيا لدراسة
الدكتوراه .

وحيث يتطلب البحث الموسوم بـ (فاعلية الروتين واستخدام تدخلات إرشادية حديثة لمساعدة
الأطفال الأيتام على الصحة النفسية في الدور الاجتماعية في السعودية) (بنات فقط
وموظفات).

أمل من سعادتكم تسهيل إجراءات تطبيق البحث حيث أن العينة المستهدفة هي الأيتام وذوي
الظروف الخاصة ومايتعلق بهم في المؤسسات الاجتماعية .

شاكرين لسعادتكم تعاونكم سلفاً ،، وتقبلوا فائق التحية والتقدير

وكيل الجامعة للدراسات العليا والبحث العلمي المكلف

د. محمد بن عبدالعزيز السليمان

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



المملكة العربية السعودية

وزارة الشؤون الاجتماعية

الإشراف الاجتماعي النسائي بالرياض
(قسم الأيتام)

الرقم: ١٢٢٥٨ / ١٣

التاريخ: ١٤ / ١٠ / ١٤٣٥

المرفقات:
بشان طالبة الدكتوراه // نجلاء

(حفظها الله)

سعادة / الوكيل المساعد لشؤون الأسرة

السلام عليكم ورحمة الله وبركاته ،،

استنادا على توجيهات سعادتكم والمبنية على استفسار سعادة وكيل
الرعاية الاجتماعية والأسرة على خطاب رقم ١٦٤٢٦٠ وتاريخ ١٠/٨/١٤٣٥هـ
بشان تعديل استمارة طالبة الدكتوراه / نجلاء بنت عبدالرحمن الجساس ،
نفيدكم انه سبق مخاطبة سعادتكم بخطاب رقم ١٤/١٢٠٨٣ وتاريخ
١٤٣٥/٩/٢٤هـ وبناء على موافقتكم تم التعميم على الفروع لتسهيل مهمة
الباحثه والتأكيد عليها بانتهاج المهنية بالعمل والسرية ،
آملين أن تحقق التطلعات التي تنشدهونها تجاه الأيتام .

ولسعادتكم تحياتنا وتقديرنا ،،

المديرة العامة للإشراف الاجتماعي النسائي بالرياض

سمها بنت سعيد الغامدي

وزارة الشؤون الاجتماعية	رقم الدارة
وكالة الوزارة لرعاية الأسرة	١١٦٩١
مكتب الإشراف الاجتماعي النسائي بالرياض	٣٥ / ١ / ١٤
التاريخ	١٤ / ١٠ / ١٤٣٥
الملاحظات	حاصل



المملكة العربية السعودية
وزارة الشؤون الاجتماعية
(٢٨٣)

إدارة التخطيط والتطوير الإداري

سعادة مساعدة المدير العام للإشراف النسائي بمنطقة الرياض سلمها الله
السلام عليكم ورحمة الله وبركاته
أشير لخطاب سعادتك رقم ١١٤٩٤ في ١٥/٠٩/١٤٣٦هـ بشأن الطلب
المقدم من مبعثة الدكتورة من جامعة المزاحمية/نجلاء بنت عبد الرحمن
الجساس التي ترغب تطبيق بحثها المعنون (فاعلية الروتين واستخدام
تدخلات ارشادية حديثة لمساعدة الاطفال الأيتام على الصحة النفسية في
الدور الاجتماعية في السعودية) وسوف تطبقه بحثها على الأيتام ذوي
الظروف الخاصة وما يتعلق بهم في المؤسسات الاجتماعية.
أفيد سعادتك أنه تمت الموافقة على قيام المبعثة/ الجساس بتطبيق
دراساتها على الأيتام ذوي الظروف الخاصة وما يتعلق بهم في المؤسسات
الاجتماعية.

وتقبلوا أطيب تحياتي وتقديري

مدير عام إدارة التخطيط والتطوير الإداري

محمد بن عبد الله العمري

وزارة الشؤون الاجتماعية	
وكانية الوزارة للرعاية والأسرة	
مكتب الإشراف الاجتماعي النسائي بمنطقة الرياض	
رقم الفوارد	١٠٦٠٥
التاريخ	١٤٣٨/١٠/٢٤
المرسل	

الرقم :
التاريخ : ١٤٤١/٨/٢٤
المرفقات :

المكرم : dr /ashraf ajaweed

مدير جامعة الإنتر ناشونال استودنت بدفردشير ببريطانيا

السلام عليكم ورحمة الله وبركاته ...

تشهد دار الحضانة الاجتماعية بالرياض التابعة لفرع وزارة العمل والتنمية الاجتماعية بأن / نجلاء عبدالرحمن الجساس والتي تدرس الدكتوراة في جامعة بدفردشير في بريطانيا قد أجرت عدة دراسات للأبناء بالدار وموافقتنا لها بالسماح باستخدام الصور المرافقة والخاصة بدار الحضانة الاجتماعية بالرياض من أجل البحث العلمي شاكرين ومقدرين لها حرصها واهتمامها بأداء رسالتها البحثية بفئة الأيتام من أبناء الدار سائلين الله لها التوفيق ومزيداً من التقدم والنجاح ..

شاكرين حسن تعاونكم معنا ..

مديرة دارالحضانة الاجتماعية بالرياض

هدى بنت صالح سيلان



Appendix 3.6 : Consent Form for Survey for staff



University of
Bedfordshire

Informed Consent Form for Staff

عزيزي /عزيزتي المشاركة

اسمي نجلاء عبدالرحمن الجساس ، طالبة دكتوراة من جامعة بدفرشير في بريطانيا .
في حالة رغبتك في أي سؤال تكرما ارجوا السؤال أو التواصل عبر الايميل najla.al-jasas@study.beds.ac.uk
وللتواصل مع مشرفي الدراسي Antigonos.Sochos@beds.ac.uk

أرغب في دعوتك للمساهمة في بحثي هذا، لأنك موظف أو موظفة في الدار ومن الممكن أن يأخذ الاستبيان نصف ساعة
هذا الاستبيان سوف يحفظ في مكان آمن في مكتبي الخاص في درج مغلق .
وفي حالة الشعور بأي ضغوط نفسية يمكن التواصل مع الدكتورة أسماء الحسين

E-mail : d _ aalhosain@ hotmail.com

أرجوا التوقيع وكتابة أسمك بأن عمرك أكبر من ١٨ سنة وهذا من أخلاقيات البحث في الجامعات البريطانية.

أسمك

توقيعك

Appendix 3.6 : Consent Form for Survey for children



University of
Bedfordshire

Informed Consent Form for children

الأطفال من العمر ٥-١٠

اسمي نجلاء الجساس
ارجوك أن تساعدني أو تساعدني

أ/الغرض من الدراسة لمعرفة
- كيف تشعر
- كيف الموظفين يساعدونك كي تشعر بالسعادة وكذلك مساعدتك المدرسية



ب/ ماذا يحدث في حالة ساعدتني في بحثي

- أرغب في معرفة بماذا تشعر في الوقت الحالي.
- سوف أقرأ بعض الأسئلة عليك من الورقة.
- سوف تخبرني أي إجابة أفضل بالنسبة لك.
- لا يستطيع أحدًا جبارك على الإجابة.
- تستطيع أن تقول لا في حالة عدم الرغبة في المواصله.
- إذا أنت موافق في أن تكون مشارك ارجوا كتابة أسمك

تستطيع أن تسألني أي سؤال في أي وقت ترغب

Apependix 3.5 : Approval Documents in Arbic

بسم الله الرحمن الرحيم

سعادة الأستاذة/ سمها الغامدي حفظها الله

السلام عليكم ورحمة الله وبركاته

أما بعد: انا المحاضرة / نجلاء الجساس

قد تقدمت العام الماضي بكتاب للقيام بعمل مقابلات شخصية مع موظفين وموظفات الدور الاجتماعية كدراسة استطلاعية وجزاكم الله خيرا فقد تمت المقابلات. وحسب الاتفاق بأن أقدم خلال هذه السنة خطة البحث والمقاييس التي سوف يتم استخدامها خلال شهري رمضان، شوال ١٤٣٦ هـ

علما بأنه سوف تطبق هذه المقاييس خلال هذه الشهرين من هذا العام ومرة أخرى بعد ستة أشهر. (المقاييس محكمة ولها نسبة عالية من الصدق والثبات على البيئة السعودية).

ارجوا من الله ثم من سعادتكم تسهيل مهمة بحثي سائلة المولى عز وجل أن يجعل هذا في ميزان حسناتكم ، والله ولي التوفيق

مقدمة الطلب

نجلاء عبدالرحمن الجساس

محاضر من جامعة شقراء

طالبة دكتوراة من جامعة بدفردشير في بريطانيا

التصميم: سوف يستخدم المنهج الوصفي النوعي، الذي يساعد الباحث في تجميع بيانات غنية (كوهين وآخرون، 2007م). تم تقسيم تصميم الدراسة إلى مرحلتين رئيسيتين؛ حيث تم في الأولى ترميز النتائج وفي المرحلة الثانية تم وضع الرموز في مجموعات بطريقة هادفة.

عينة الدراسة:

٥٠ موظف وموظفة مقسمة الى ٢٥ ام بديلة ، ٢٥ أخصائي اجتماعي

٢٠٠ طفل من العمر ٥-١٧ سنة بنين وبنات

أدوات البحث:

١. مقياس التعلق لبرينان..(Kerns, Klepac, & Cole, 1996)

٢. مقياس نقاط القوة والضعف لجودمان(Goodman, 1997)

٣. مقياس الصحة العامة GHQ12.(Goldberg & Hillier, 1979)

٤. مقياس الخبرة (Fraley, Waller, & Brennan, 2000)

الإجراءات:

قياس المتغيرات النفسية الاجتماعية التي تساهم في الصحة النفسية و الاجتماعية للأطفال المودعين في الدور على أساس أنهم أيتام ، باستخدام استبانة نقاط القوة والضعف (جودمان، 1997م) وسيقوم العاملون بتعبئتها، جميعها متوفرة باللغتين العربية والإنجليزية وسيتم تحليلها باستخدام SPSS.

ولتحقيق أهداف البحث سيتم أيضا استخدام مقياس التعلق بالأمهات البديلات لبرينان وآخرون (Bernann et al (1998، و من الممكن أن يعطي ذلك مزيد من الفهم للصحة النفسية لهؤلاء الأطفال.

وكذلك سيتم استخدام مقياس الصحة العامة للأطفال (١٢) (GHQ12) لقولديرق وآخرون Goldberg et al., 1997

على الرغم من جمع البيانات من خارج المملكة العربية السعودية، فقد قامت الباحثة بالتسجيل في اخذ شهادة DBS(دي بي إس) للحصول على الموافقة لتطبيق الاستبانة على الأطفال في المملكة العربية السعودية.

كما سيتم تطبيق الاستبانة بعد ٦ أشهر مرة أخرى لتسجيل وتتبع أي تغير في مؤشرات نقاط القوة والضعف بعد فترة زمنية محددة . وسيتم تحليل استبانة نقاط القوة والصعوبات باستخدام الأساليب الإحصائية (فيلد، 2005م).

عزيزي المشارك/المشاركة

يشرفني بأن تكون أحد المشاركين في هذا البحث والذي يهدف إلى معرفة اهم المشكلات التي تواجه ابنائنا الايتام واستخدام تدخلات وبعض متغيرات الصحة النفسية للأطفال على مدى دراسة تتبعية

هذه الدراسة تقوم بها طالبة الدكتوراة / نجلاء عبدالرحمن الجساس ، قسم علم النفس بجامعة بدفردشير بالمملكة المتحدة وفريق الإشراف برئاسة البرفسور/ انتقنوس ساكس

كمشرف أول.والبرفسور/ سامويل سان كمشرف ثاني.

ماهو المطلوب من المشاركين؟

المطلوب منك تكهما الإجابة على فقرات الاستبان كاملة.

الوقت الذي يستغرق المشارك للإجابة ؟

١٠ دقائق من اجل خدمة البحث العلمي.

القسم الأول: المعلومات الشخصية

١- العمر:.....

٢- العمر عند العمل في المؤسسة

٣- السبب في العمل في المؤسسة.....

٤- الجنس

ذكر ☐ أنثى ☐

٥- مكان الولادة.....

٦- عدد سنوات الخبرة في المؤسسة.....

٧- نوع الدوام الرسمي

كامل ☐ جزئي ☐

٨- الحالة الاجتماعية

متزوج ☐ أعزب ☐ مطلق ☐ أرمل ☐

٩- هل لديك أطفال

نعم ☐ لا ☐

١٠- مؤهلك العلمي

ابتدائي ☐ متوسط ☐ ثانوي ☐ جامعي ☐ دبلوم ☐ ماجستير ☐ دكتوراة

Appendix: Approval for taking photos



الرقم :
التاريخ : ١٤٤٨/٨/٢٦
المرفقات :

المكرم : dr/ashraf ajaweed

مدير جامعة الإنتر ناشونال استودنت بدفردشير ببريطانيا

السلام عليكم ورحمة الله وبركاته ...

تشهد دار الحضانة الاجتماعية بالرياض التابعة لفرع وزارة العمل والتنمية الاجتماعية بأن / نجلاء عبدالرحمن الجساس والتي تدرس الدكتوراة في جامعة بدفردشير في بريطانيا قد أجرت عدة دراسات للأبناء بالدار وموافقتنا لها بالسماح باستخدام الصور المرافقة والخاصة بدار الحضانة الاجتماعية بالرياض من أجل البحث العلمي شاكرين ومقدرين لها حرصها واهتمامها بإداء رسالتها البحثية بفتة الأيتام من أبناء الدار سائلين الله لها التوفيق ومزيداً من التقدم والنجاح ..

شاكرين حسن تعاونكم معنا ...

مديرة دار الحضانة الاجتماعية بالرياض

هدى بنت صالح سيلان



محمي

Appendix 3.6 : Semi-structured Interview Schedule for Staff Participants

Table 8-1 Semi-structured Interview Schedule for Staff Participants

NB	Participants	Interview date	Interview time	Interview Venues
1	Participant 1	13.7.2014	10.00AM	Riyadh social nurseries home
2	Participant 2	13.7.2014	12.00PM	Riyadh social nurseries home
3	Participant 3	13.7.2014	4.00PM	Riyadh social nurseries home
4	Participant 4	14.7.2014	10.00AM	Riyadh social nurseries home
5	Participant 5	14.7.2014	11.00AM	Riyadh social nurseries home
6	Participant 6	15.7.2014	7.00PM	Riyadh social nurseries home
7	Participant 7	15.7.2014	9.00PM	Riyadh social nurseries home
8	Participant 8	15.7.2014	10.00PM	Riyadh social nurseries home
9	Participant 9	16.7.2014	5.00PM	Riyadh social nurseries home
10	Participant 10	16.7.2014	6.00PM	Riyadh social education home
11	Participant 11	16.7.2014	7.00PM	Riyadh social education home
12	Participant 12	16.7.2014	9.00PM	Riyadh social education home
13	Participant 13	17.7.2014	5.00PM	Riyadh social education home
14	Participant 14	17.7.2014	7.00PM	Riyadh social education home
15	Participant 15	17.7.2014	8.00PM	Riyadh social education home
16	Participant 16	17.7.2014	9.00PM	Riyadh social education home
17	Participant 17	19.7.2014	3.00PM	Riyadh Villa arabh
18	Participant 18	19.7.2014	5.00PM	Riyadh Villa arabh
19	Participant 19	19.7.2014	7.00PM	Riyadh Villa arabh
20	Participant 20	20.7.2014	12.00PM	Riyadh Villa arabh
21	Participant 21	20.7.2014	2.00PM	Riyadh Villa arabh
22	Participant 22	20.7.2014	4.00PM	Riyadh Villa arabh
23	Participant 23	20.7.2014	7.00PM	Riyadh Villa arabh
24	Participant 24	21.7.2014	6.00PM	Riyadh Villa arabh

NB	Participants	Interview date	Interview time	Interview Venues
25	Participant 25	22.7.2014	7.00PM	Riyadh Villa arabh
26	Participant 26	23.7.2014	5.00PM	Riyadh education home for boys
27	Participant 27	23.7.2014	7.00PM	Riyadh education home for boys
28	Participant 28	24.7.2014	3.00PM	Riyadh education home for boys
29	Participant 29	24.7.2014	5.00PM	Riyadh education home for boys
30	Participant 30	25.7.2014	7.00PM	Riyadh education home for boys
31	Participant 31	28.7.2014	5.00PM	Riyadh education home for boys
32	Participant 32	28.7.2014	7.00PM	Riyadh education home for boys
33	Participant 33	29.7.2014	8.00PM	Riyadh education home for boys
34	Participant 34	29.7.2014	9.00PM	Riyadh education home for boys
35	Participant 35	30.7.2014	6.00PM	Riyadh education home for boys
36	Participant 36	30.7.2014	8.00PM	Riyadh education home for boys
37	Participant 37	1.8.2014	7.00PM	Riyadh education home for boys
38	Participant 38	1.8.2014	8.00PM	Riyadh education home for boys
39	Participant 39	2.8.2014	10.00AM	Riyadh education home for boys
40	Participant 40	2.8.2014	12.00PM	Riyadh education home for boys
41	Participant 41	3.8.2014	10.00AM	Riyadh education home for boys
42	Participant 42	4.8.2014	11.00AM	Riyadh education home for boys
43	Participant 43	8.8.2014	10.00AM	Riyadh education home for boys
44	Participant 44	9.8.2014	12.00PM	Riyadh education home for boys
45	Participant 45	11.8.2014	10.00AM	Riyadh education home for boys
46	Participant 46	11.8.2014	2.00PM	Riyadh education home for boys

NB	Participants	Interview date	Interview time	Interview Venues
47	Participant 47	14.8.2014	8.00AM	Riyadh education home for boys
48	Participant 48	17.8.2014	10.00AM	Riyadh education home for boys
49	Participant 49	20.8.2014	10.00AM	Riyadh education home for boys
50	Participant 50	20.8.2014	4.00PM	Riyadh education home for boys

Appendix 3.7: Pre-existing Questionnaires

1. Coping Strategies Questionnaire (Finnegan et al., 1996)

Ambivalence scale

1. One day something happens that upsets you. After talking with your caregiver about it for a while, your caregiver says that she needs to stop talking with you because she has to go do something else

Some kids would calm down after talking with their caregiver		BUT	Other kids would still be upset and would try to get their caregiver to talk some more with them.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

2. Your caregiver has been busy and hasn't been able to show you much attention lately

Some kids would not be very upset that their caregiver has been busy		BUT	Other kids would be very upset and would try to get their caregiver to pay them more attention	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

3. Your caregiver says she is thinking about going to visit a relative for a week or two

Some kids would be upset that she is going away for so long and would try to talk her out of going		BUT	Other kids wouldn't be upset and wouldn't try to talk her out of going.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

4. You are at the movies with your caregiver and you have to go out to the bathroom. When you come back in, the theatre is so dark that you can't find your caregiver

Some kids would calmly look for their caregiver and not be too worried		BUT	Other kids would look for their caregiver and be very upset until they found her.	

Really true for me	Sort of true for me		Sort of true for me	Really true for me
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5. Your caregiver comes home after being away for a few days

Some kids would not be upset with her for having gone away		BUT	Other kids would be upset with her for having gone away.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

6. . On the way home from school a bully stops you and threatens you. This makes you upset and afraid. When you get home you talk to your caregiver about it

Some kids would stay close to their caregiver and talk about it for a long time		BUT	Other kids would talk to her for a short time and then get over it.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

7. You have to go to the doctor for a check up and you are in the waiting room with your caregiver. Your caregiver wants to leave you at the doctor's office while she does

Some kids would be upset and would try to make their caregiver stay		BUT	Other kids wouldn't be so upset and wouldn't try to make their caregiver stay.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

8. There is an after school sports team that you really want to join, but you realize that you don't know anyone on the team. You ask your caregiver to go to the try outs with you. She says she can drive you there but can't stay there with you

Some kids would go only if their caregiver could stay during the tryouts		BUT	Other kids would go even if she couldn't stay.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

9. You and your caregiver are at a busy shopping mall, and suddenly you can't find your caregiver. You are upset, but a little later you find each other

Some kids would soon get over being upset		BUT	Other kids would stay worried that they might get separated again.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

10. One day at school the teacher misunderstands something you did and scolds you for it. You become upset. When you get home, you try to talk to your caregiver about it, but she is busy and says she'll talk with you about it later

Some kids would try to get her to talk about it right away		BUT	Other kids would wait until their caregiver was ready to talk about it	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

Avoidance scale

1. Your caregiver has been away for a few days but is coming home later in the day

Some kids wouldn't care that she is coming home		BUT	Other kids would look forward to seeing her.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

2. . One of your teachers says something mean to you at school one day

Some kids would let their caregiver know they were upset and would talk to her about it		BUT	Other kids wouldn't let their caregiver know they were upset and would not talk to her about it.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

3. Your caregiver takes you to the doctor's office for a check-up. While you are sitting in the waiting room, she says she is going to run an errand and will be back to pick you up later.

Some kids would be glad that their caregiver left them alone to wait		BUT	Other kids would prefer that their caregiver wait with them.	
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Really true for me	Sort of true for me		Sort of true for me	Really true for me
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4. Let's say that you have a favorite pet, a cat or a dog, that suddenly gets very sick. You are sad about it.

Some kids would let their caregiver know they were feeling sad		BUT	Other kids would not let their caregiver know they were feeling sad.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

5. You and your caregiver are visiting a new shopping center to see what it is like. Your caregiver suggests that the two of you explore the center together.

Some kids would only want to explore it on their own		BUT	Other kids wouldn't mind exploring it with their caregiver.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

6. You and your caregiver go to the movies together. When you go into the theater, you see that it is crowded and you can't find two seats together.

. Some kids would be sorry they can't sit with their caregiver		BUT	Other kids would rather sit away from her anyway	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

7. One day you and your caregiver go to the zoo. Your caregiver says that because she has not seen you much lately, she would like the two of you to look at the animals together.

Some kids would rather look at the animals alone and meet up with their caregiver later		BUT	Other kids would be willing to look at the animals with their caregiver.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

8. One day you have a problem with a friend at school. When you get home, your caregiver can tell that you are upset and starts talking to you about it

Some kids would feel comfortable talking to their caregiver about their feelings and problems		BUT	Other kids would just want their caregiver to leave them alone.	
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Really true for me	Sort of true for me		Sort of true for me	Really true for me
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9. Your caregiver comes home after being away for a week or two

Some kids would stop what they are doing and run to greet her with a hug or a kiss		BUT	Other kids wouldn't stop what they are doing to greet her.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

10. One day you come home from school upset about something. Your caregiver asks you what the problem is

Some kids wouldn't want to talk to her about it		BUT	Other kids would want to talk her about it.	
Really true for me	Sort of true for me		Sort of true for me	Really true for me

2. General Health Questionnaire (GHQ 12)

Have you recently?

1. Been able to concentrate on what you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3. Felt you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4. Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5. Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual

7. Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. Been able to face up to your problems?	More so than usual	Same as usual	Less so than usual	Much less able
9. Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. Been feeling reasonably happy, all things considered	More so than usual	About same as usual	Less so than usual	Much less than usual;

Experiences in Close Relationships Questionnaire

	Items	1	2	3	4	5	6	7
1	I prefer not to show a partner how I feel deep down							
2	I worry about being abandoned							
3	I am very comfortable being close to romantic partners							
4	I worry a lot about my relationships							
5	Just when my partner starts to get close to me I find myself pulling away							
6	I worry that romantic partners won't care about me as much as I care about them							
7	I get uncomfortable when a romantic partner wants to be very close							
8	I worry a fair amount about losing my partner							
9	I don't feel comfortable opening up to romantic partners							
10	I often wish that my partner's feelings for me were as strong as my feelings for him/her							
11	I want to get close to my partner, but I keep pulling back							
12	I often want to merge completely with romantic partners, and this sometimes scares them away							

13	I am nervous when partners get too close to me							
14	I worry about being alone							
15	I feel comfortable sharing my private thoughts and feelings with my partner							
16	My desire to be very close sometimes scares people away							
17.	I try to avoid getting too close to my partner							
18.	I need a lot of reassurance that I am loved by my partner							
19.	I find it relatively easy to get close to my partner							
20.	Sometimes I feel that I force my partners to show more feeling, more commitment							
21.	I find it difficult to allow myself to depend on romantic partners							
22.	I do not often worry about being abandoned							
23.	I prefer not to be too close to romantic partners							
24.	If I can't get my partner to show interest in me, I get upset or angry							
25.	I tell my partner just about everything							
26.	I find that my partner(s) don't want to get as close as I would like							
27.	I usually discuss my problems and concerns with my partner							

28.	When I'm not involved in a relationship, I feel somewhat anxious and insecure							
29.	I feel comfortable depending on romantic partners							
30.	I get frustrated when my partner is not around as much as I would like							
31.	I don't mind asking romantic partners for comfort, advice, or help							
32.	I get frustrated if romantic partners are not available when I need them							
33.	It helps to turn to my romantic partner in times of need							
34.	When romantic partners disapprove of me, I feel really bad about myself							
35.	I turn to my partner for many things, including comfort and reassurance							
36.	I resent it when my partner spends time away from me							

3. BURNOUT - MBI

Below are 22 statements of job related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you never have this feeling please tick this box. If you have this feeling please tick how often you feel this way.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
1- I feel emotionally drained from my work							
2- I feel used up at the end of the workday							
3- I feel fatigued when I get up in the morning and have to face another day on the job							
4- I can easily understand how the children under the care feel about things							
5- I feel I treat some children as if they were impersonal objects							
6- Working with children all day is really strain for me .							
7- I deal very effectively with the problem of the children under my care							
8- I feel burned out from my work							
9- I feel I'm positively influencing children lives through my work							
10- I 'v become more callous towards people since I took this job.							
11- I worry that this job is hardening me emotionally							
12- I feel very energetic							
13- I feel frustrated by my job							
14- i feel working too hard on my job							

15- I don't really care what happens to some of the children							
16- working with children directly puts too much stress on me							
17- I can easily create a relaxed atmosphere with my children under my care.							
18- I feel exhilarated after working closely with my children							
19- I have accomplished many worth while things in this job							
20- I feel like I'm at the end of my tether							
21- in my work I deal with emotional problems very calmly							
22. I feel that the children blame me for some of their problems							

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
SDQ_1	31.86	41.425	.04	.82
SDQ_2	30.93	37.882	.54	.79
SDQ_3	31.35	41.008	.08	.82
SDQ_4	31.07	38.059	.53	.79
SDQ_5	31.61	37.155	.49	.79
SDQ_6	31.12	38.165	.43	.80
SDQ_7	30.85	38.499	.52	.79
SDQ_8	30.88	38.213	.51	.79
SDQ_9	31.68	37.076	.52	.79
SDQ_10	30.93	39.376	.32	.81
SDQ_11	30.86	38.177	.59	.79
SDQ_12	31.68	38.522	.34	.80
SDQ_13	32.07	42.758	-.14	.83
SDQ_14	31.68	37.076	.52	.79
SDQ_15	31.02	39.694	.24	.81
SDQ_16	30.85	38.279	.47	.79
SDQ_17	31.36	39.630	.26	.81
SDQ_18	30.92	38.022	.50	.79
SDQ_19	31.69	39.774	.19	.81
SDQ_20	30.98	40.168	.19	.81
SDQ_21	30.87	38.233	.55	.79
SDQ_22	31.01	39.213	.26	.81
SDQ_23	31.64	41.700	.01	.82
SDQ_24	31.68	37.076	.52	.79
SDQ_25	31.68	38.474	.35	.80
Overall SDQ				.81

4. Cronbach's Alpha

Cronbach's Alpha for COP with respect children

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
COP_AMBIV A_1	25.88	36.405	.70	.86
COP_AMBIV A_2	25.72	35.054	.63	.87
COP_AMBIV A_3	25.87	40.465	.24	.89
COP_AMBIV A_4	26.23	35.106	.68	.86
COP_AMBIV A_5	25.91	36.561	.66	.86
COP_AMBIV A_6	26.09	37.784	.35	.89
COP_AMBIV A_7	25.89	35.461	.81	.86
COP_AMBIV A_8	26.21	35.228	.59	.87
COP_AMBIV A_9	26.15	34.161	.78	.85
COP_AMBIV_ 10	26.15	34.509	.75	.86
				Cronbach's Alpha
Overall COP				.88

Cronbach's Alpha for COP with respect children

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
COP_AVOID_1	21.45	13.556	.68	.61
COP_AVOID_2	21.26	12.815	.62	.61
COP_AVOID_3	21.44	16.371	.29	.68
COP_AVOID_4	20.19	16.730	.27	.69
COP_AVOID_5	20.82	16.187	.16	.71
COP_AVOID_6	21.40	15.718	.44	.66
COP_AVOID_7	20.50	16.066	.13	
COP_AVOID_8	21.89	15.494	.45	.66
COP_AVOID_9	20.84	16.502	.11	.72
COP_AVOID_10	21.56	14.417	.71	.62
				Cronbach's Alpha
Overall COP				.701

Cronbach's Alpha for SEC with respect children

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Correcte d Item- Total Correlati on	Cronbac h's Alpha if Item Deleted
SEC_SCALE _1	24.64	53.475	.57	.87
SEC_SCALE _2	24.40	53.793	.46	.87
SEC_SCALE _3	24.30	58.781	.21	.88
SEC_SCALE _4	24.58	51.225	.78	.86
SEC_SCALE _5_R	24.20	59.869	.06	.89
SEC_SCALE _6_R	24.58	51.225	.78	.86
SEC_SCALE _7_R	24.41	52.435	.64	.87
SEC_SCALE _8_R	24.35	52.460	.66	.86
SEC_SCALE _9	24.69	55.188	.44	.87
SEC_SCALE _10	24.45	51.592	.71	.86
SEC_SCALE _11_R	24.46	53.709	.53	.87
SEC_SCALE _12	24.42	52.885	.58	.87
SEC_SCALE _13	24.30	57.610	.20	.89
SEC_SCALE _14_R	24.58	51.225	.78	.86
SEC_SCALE _15_R	24.45	53.893	.64	.87
				Cronbac h's Alpha
Overall SEC				.88

Cronbach's Alpha for staff avoidance with respect staff

Items	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
STAFF_ECR1	79.34	164.786	.43	.83
STAFF_ECR3	79.92	175.577	.48	.83
STAFF_ECR5	79.74	170.934	.58	.82
STAFF_ECR7	79.38	160.874	.68	.82
STAFF_ECR9	80.97	150.953	.54	.82
STAFF_ECR11	81.63	168.380	.39	.83
STAFF_ECR13	79.22	168.871	.38	.83
STAFF_ECR15	80.90	148.828	.69	.81
STAFF_ECR17	80.07	166.337	.39	.83
STAFF_ECR19	79.59	174.219	.35	.83
STAFF_ECR21	80.00	175.162	.21	.84
STAFF_ECR23	81.65	170.374	.22	.84
STAFF_ECR25	80.35	161.145	.73	.81
STAFF_ECR27	81.08	175.436	.44	.83
STAFF_ECR29	80.90	177.093	.39	.83
STAFF_ECR31	80.23	174.934	.42	.83

STAFF_ECR33	80.41	175.858	.42	.83
STAFF_ECR35	81.19	170.763	.47	.83
				Cronba ch's Alpha
Over all ECR				.836

Cronbach's Alpha for staff anxiety with respect staff

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
STAFF_ECR 2	83.84	208.582	.57	.81
STAFF_ECR 4	83.28	208.895	.56	.81
STAFF_ECR 6	83.56	209.109	.62	.81
STAFF_ECR 8	83.17	205.702	.74	.80
STAFF_ECR 10	84.92	212.620	.31	.82
STAFF_ECR 12	84.21	210.605	.42	.82
STAFF_ECR 14	85.14	210.235	.37	.82
STAFF_ECR 16	83.46	210.534	.68	.81
STAFF_ECR 18	84.38	209.867	.60	.81
STAFF_ECR 20	83.79	220.475	.28	.82
STAFF_ECR 22	84.66	219.911	.64	.81
STAFF_ECR 24	86.14	237.127	-.04	.84
STAFF_ECR 26	86.05	217.136	.34	.82
STAFF_ECR 28	83.88	223.282	.22	.83
STAFF_ECR 30	83.74	209.157	.57	.81
STAFF_ECR 32	84.19	217.730	.38	.82
STAFF_ECR 34	84.46	219.011	.27	.83
STAFF_ECR 36	84.91	214.315	.43	.82
				Cronbach's Alpha
				.82

Cronbach's Alpha for MBI with respect staff

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
STAFF_MBI 1	80.92	167.35	.44	.86
STAFF_MBI 2	80.74	168.332	.47	.86
STAFF_MBI 3	80.85	161.81	.75	.85
STAFF_MBI 4	80.21	162.09	.38	.86
STAFF_MBI 5	81.58	169.29	.42	.86
STAFF_MBI 6	81.13	158.56	.59	.86
STAFF_MBI 7	81.34	160.66	.46	.86
STAFF_MBI 8	81.36	162.31	.43	.86
STAFF_MBI 9	80.85	161.81	.75	.85
STAFF_MBI 10	80.85	161.81	.75	.85
STAFF_MBI 11	81.39	169.78	.21	.87
STAFF_MBI 12	82.03	168.29	.19	.87
STAFF_MBI 13	81.42	158.71	.59	.86
STAFF_MBI 14	81.20	164.71	.38	.86
STAFF_MBI 15	80.85	161.81	.75	.85
STAFF_MBI 16	81.34	161.86	.45	.86
STAFF_MBI 17	81.42	164.75	.37	.86
STAFF_MBI 18	82.61	189.07	-.34-	.89
STAFF_MBI 19	81.13	158.56	.59	.86

STAFF_MBI 20	80.85	161.81	.75	.85
STAFF_MBI 21	80.85	161.81	.75	.85
STAFF_MBI 22	81.13	158.56	.59	.86
				Cronbach's Alpha
Overall				.87

Cronbach's Alpha for GHQ with respect staff

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Correcte d Item- Total Correlati on	Cronbach's Alpha if Item Deleted
GHQ_ 1	19.00	55.62	.43	.92
GHQ_ 2	19.04	50.99	.89	.90
GHQ_ 3	19.00	55.74	.42	.92
GHQ_ 4	19.38	51.52	.68	.91
GHQ_ 5	19.00	51.77	.78	.91
GHQ_ 6	18.99	52.22	.81	.91
GHQ_ 7	19.07	50.85	.89	.90
GHQ_ 8	19.38	51.52	.68	.91
GHQ_ 9	18.81	52.67	.58	.92
GHQ_ 10	19.02	51.97	.80	.91
GHQ_ 11	19.39	56.04	.34	.93
GHQ_ 12	19.04	50.99	.89	.90
				Cronbach's Alpha
Overall				.92

8.1 Appendix: Questionnaires in Arabic

استبانة إستراتيجيات المواجهة:

مقياس التناقض:

- 1- حدث شيء في يوم ما أدى إلى إزعاجك. بعد تحدثك مع مقدم الرعاية عن الأمر لبعض الوقت، يقول مقدم الرعاية بأنه محتاج للتوقف عن الكلام معك لأن لديه شيء آخر.

يبدأ بعض الأطفال بعد التحدث مع مقدم الرعاية		بينما	يستمر البعض الآخر في القلق ويحاولون جعل مقدم الرعاية التحدث	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

- 2- كان مقدم الرعاية مشغولا ولا يستطيع أن يبدي لك كثير من الاهتمام.

لا ينزعج بعض الأطفال بانشغال مقدم الرعاية عنهم		بينما	يظل البعض الآخر قلقين ويحاولون الحصول على مزيد من الاهتمام من مقدم الرعاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

- 3- تقول مقدمة الرعاية بأنها تفكر في الذهاب لزيادة أحد أقربائها لمدة أسبوع أو أسبوعين.

يستاء بعض الأطفال بأنها ستذهب عنهم بعيدا ولفترة طويلة ويحاولون التحدث عن ذهابها		بينما	لا يستاء البعض الآخر ولا يحاولون الحديث عن ذهابها.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

- 4- كنت تشاهد مسرحية أو مشهد تمثيلي مع مقدمة الرعاية و كان عليك الذهاب للحمام. وعند عودتك كان المسرح ظلاما للدرجة التي لم تستطع إيجاد مقدمة الرعاية.

يبحث بعض الأطفال بهدوء عن مقدمة الرعاية بدون قلق		بينما	يبحث الآخرون عنها وهم قلقون حتى يجدوها	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

- 5- حضرت مقدمة الرعاية للمنزل بعد غياب لأيام قليلة.

لم يقلق بعض الأطفال لغيابها		بينما	كان الآخرون قلقين لغيابها.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

6- في طريق عودتك من المدرسة اعترضك بلطجي وقام بتهديدك. أدى ذلك إلى قلقك وشعورك بالخوف. عندما تصل إلى البيت، تتحدث مع مقدمة الرعاية حول هذا الأمر.

يرغب بعض الأطفال في البقاء قريب من مقدمة الرعاية والحديث عن ذلك لمدة طويلة		بينما	يتحدث معها أطفال آخرون لمدة قصيرة ومن ثم يتجاوزون الأمر.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

7- ذهبت للطبيب للفحص وكنت في غرفة الانتظار مع مقدمة الرعاية. تريد مقدمة الرعاية تركك في عيادة الطبيب للقيام بالتسوق.

ينزعج بعض الأطفال ويحاول أن يبقي مقدمة الرعاية		بينما	لا ينزعج أطفال آخرون ولا يحاولون إبقاء مقدمة الرعاية معهم.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

8- هناك الفريق الرياضي الذي ترغب في الالتحاق به بعد المدرسة ، لكنك تدرّك بأنك لا تعرف أي أحد في الفريق. طلبت من مقدمة الرعاية الذهاب معك إلى الاختبارات. ثم تقول لك بأنها تستطيع توصيلك إلى هناك لكنها لن تبقى معك.

يستطيع بعض الأطفال الذهاب إذا كانت مقدمة الرعاية ستبقى معهم هناك		بينما	يستطيع البعض الآخر الذهاب حتى وإن لم تستطع مقدمة الرعاية البقاء معهم	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

9- كنت أنت ومقدمة الرعاية في مركز تسوق مزدحم، وفجأة لم تعثر على مقدمة الرعاية. وكنت قلق، لكن بعد برهة من الزمن تقابلتما.

يتغلب بعض الأطفال على القلق		بينما	يظل الآخرون قلقين من الافتراق مرة أخرى.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

10- في أحد الأيام الدراسية، أساء المعلم فهمك في شي قمت به وقام بتأنيبك. أصبحت مستاء. عندما رجعت إلى المنزل، حاولت التحدث مع مقدمة الرعاية حول الأمر، لكنها كانت مشغولة وقالت بأنها سوف تتحدث معك لاحقاً.

يحتاج البعض الآخر حتى تصبح مقدمة الرعاية مستعدة للحديث.		بينما	يحاول بعض الأطفال التحدث معها حول الأمر	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

مقياس الإهمال:

1- كانت مقدمة الرعاية غائبة لأيام قليلة، لكنها ستعود للمنزل بعد يوم.

بينما يتطلع الآخرون لرؤيتها		بينما	لا يهتم بعض الأطفال بعودتها للمنزل	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

2- قال أحد المدرسين شيئاً في المدرسة يقصدك به أنت.

البعض الآخر لا يرغب في إبداء استيائهم ولا التحدث معها حول هذا الموضوع.		بينما	أتاح بعض الأطفال لمقدمة الرعاية أن تعرف بأنهم كانوا مستاءين ويرغبون في الحديث معها حول هذا الأمر	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

3- أخذتك مقدمة الرعاية إلى عيادة الطبيب للفحص. بينما كنت في غرفة الانتظار، قالت بأنها ستذهب في مهمة وستعود لتعيذك إلى المنزل.

يفضل البعض الآخر أن تنتظر معهم مقدمة الرعاية		بينما	يشعر بعض الأطفال بالسعادة بأن مقدمة الرعاية تركتهم لوحدهم	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

4- دعنا نقول بأنك تمتلك حيوان أليف، قط أو عصفور مثلاً، وأصيب فجأة بمرض. ستكون حزين عليه.

لا يظهر البعض الآخر شعوره بالحزن		بينما	ييدي بعض الأطفال حزنهم لمقدمة الرعاية	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

5- قمت أنت ومقدمة الرعاية بزيارة لمركز تسوق. اقترحت مقدمة الرعاية بأن تقوموا كلاكما باستطلاع المركز.

يرغب البعض الأطفال في استطلاع المركز لوحدهم		بينما	يرغب البعض الآخر في الاستطلاع مع مقدمة الرعاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

6- ذهبت أنت ومقدمة الرعاية لمشاهدة فيلم. عندما دخلت المسرح، لاحظت بأنه مزدحم ولم تستطع إيجاد كرسي لكما.

يشعر بعض الأطفال بالأسف لعدم تمكنهم من الجلوس مع مقدمة الرعاية		بينما	يرغب البعض الآخر أن يجلس بعيدا عن مقدمة الرعاية	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

7- في أحد الأيام ذهبت أنت ومقدمة الرعاية إلى حديقة الحيوان. قالت مقدمة الرعاية ونسبة لعدم رؤيتها لك كثير أ في الأونة الأخيرة، فإنها ترغب في أن تقوموا مع بعض بمشاهدة الحيوانات.

يرغب بعض الأطفال في مشاهدة الحيوانات لوحدهم والالتقاء مع مقدمة الرعاية لاحقا		بينما	يرغب البعض الآخر في مشاهدة الحيوانات مع مقدمة الرعاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

8- في أحد الأيام كانت لديك مشكلة مع صديق في المدرسة. عند وصولك المنزل، قالت لك مقدمة الرعاية بأنك مستاء وبدأت تتحدث لك عن ذلك.

يشعر بعض الأطفال بالارتياح عند التحدث مع مقدمة الرعاية عن مشاعرهم ومشكلاتهم		بينما	يرغب البعض الآخر في البقاء لوحده	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

9- جاءت مقدمة الرعاية للمنزل بعد غياب دام لأسبوع .

يتوقف بعض الأطفال عما يقومون به ويتجهون للترحيب بها بالعناق والقبلات		بينما	لا يتوقف البعض الآخر عما يقومون به لأجل الترحيب بها.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

10- عدت من المدرسة في أحد الأيام مستاءا من شيء ما. سألتك مقدمة الرعاية عن المشكلة.

يرغب البعض الآخر في التحدث معها عن المشكلة.		بينما	لا يرغب بعض الأطفال في التحدث معها حول هذا الأمر	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

استبانة المقياس الأمني

التعليمات:

تهدف الاستبانة إلى عما ترغب فيه ممن يقدم لك الرعاية ،— مثل كيف تتصرف وتشعر عندما يكون معك. وعند البدء بطرح الأسئلة ، هناك نوعين من الأطفال، ولك (لكي) القرار أي الأطفال (تحب) تحبين أكثر الذين على الجانب الأيسر أم الذين على الجانب الأيمن، وبعد ذلك حددي أي نوع يتطابق معك، أو هو في الحقيقة مقبول بالنسبة لك وضعي دائرة حول المربع.

يجب أن تضعي الدائرة حول مربع واحد فقط. إجراء الأسئلة:

في أحد الأيام الدراسية، حصلت على نتيجة الاختبار من المدرس واكتشفت أن درجتك متدنية في الاختبار. عندما تصلين إلى المنزل، ربما تخبرك من تقدم لك الرعاية بأنك تحسسين بمكروه وتسألك إذا ما كنت ترغبين في البوح بذلك. (مثال)

يرغب أطفال آخرون في تركهم لوحدهم	بينما	يرغب بعض الأطفال في التحدث عن ذلك لمن يقومون برعايتهم	
		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

المقياس الأمني (كيرنس وآخرون، 2001م):

-1

لا يتأكد أطفال آخرون إذا ما كان باستطاعتهم الثقة بمن يقدم لهم الرعاية أم لا.	بينما	يجد بعض الأطفال سهولة في الثقة بمن يقدم لهم الرعاية	
		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

-2

يشعر أطفال آخرون بحبهم لمن يقدم لهم الرعاية لتركهم فعل الأشياء بأنفسهم.	بينما	يشعر بعض الأطفال بحبهم لمن يقدم لهم الرعاية عقب محاولتهم القيام بشيء	
		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

-3

يعتقد أطفال آخرون بأنه من الصعوبة بمكان الاعتماد على من يقدم لهم الرعاية.	بينما	يجد بعض الأطفال سهولة في الاعتماد على من يقدم لهم الرعاية لمساعدتهم	
		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

-4

يعتقد بعض الأطفال أن من يقدم لهم الرعاية يقضون معهم وقت كافي		بينما	يعتقد أطفال آخرون بأن من يقدم لهم الرعاية لا يقضون معهم وقت كافي	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-5

لا يرغب بعض الأطفال في إخبار من يقدم لهم الرعاية بما يعتقدون أو يشعرون		بينما	يرغب أطفال آخرون في إخبار من يقدم لهم الرعاية بما يعتقدون أو يشعرون.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-6

لا يحتاج بعض الأطفال لمن يقدم لهم الرعاية في كثير من الأشياء		بينما	يحتاج أطفال آخرون لمن يقدم لهم الرعاية في كثير من الأشياء.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-7

يتمنى بعض الأطفال أن يكونوا قريبين ممن يقدم لهم الرعاية		بينما	يشعر أطفال آخرون بالسعادة بقرّبهم ممن يقدم لهم الرعاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-8

بعض الأطفال مستاءون بأن من يقدم لهم الرعاية لا يحبهم		بينما	أطفال آخرون متأكدون من حب يقدم لهم الرعاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-9

بعض الأطفال يشعرون تجاه من يقدم لهم الرعاية بأنه يتفهمهم		بينما	يشعر أطفال آخرون بأن من يقدم لهم الرعاية لا يتفهمهم.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي
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-10

بعض الأطفال متأكدون بأن من يقدم لهم الرعاية لن يتركهم		بينما	يعتقد أطفال آخرون بأن مقدم الرعاية لا يفهمهم.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-11

بعض الأطفال قلقون لعدم وجود مقدم الرعاية عند الحاجة إليه		بينما	يعتقد أطفال آخرون بأن مقدم الرعاية سيكون هناك متى ما احتاجوا له.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-12

يعتقد بعض الأطفال أن من يقدم الرعاية لا يستمع إليهم		بينما	يعتقد أطفال آخرون بأن مقدم الرعاية يستمع إليهم.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-13

يذهب بعض الأطفال إلى مقدم الرعاية عندما يكونوا قلقين		بينما	البعض الآخر لا يذهب إليه عندما يكونوا في حالة قلق.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

-14

يتمنى بعض الأطفال أن يساعدهم مقدم الرعاية أكثر في مشاكلهم		بينما	يرى البعض الآخر بأن مقدم الرعاية يساعدهم بما فيه الكفاية.	
صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي		صحيح حقيقة بالنسبة لي	صحيح بعض الشيء بالنسبة لي

لا يشعر البعض الآخر بالأفضل عندما يكون حولهم مقدم الرعاية.		بينما	يشعر بعض الأطفال بأنهم أفضل عندما يكون حولهم مقدم الرعاية	
صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي		صحيح بعض الشيء بالنسبة لي	صحيح حقيقة بالنسبة لي

التجارب في استبانة العلاقات الوثيقة

المرجع: فرالي، آر. سي.، وولر، إن. جي.، وبرينان، كيه. إيه (2000م). تحليل نظرية استجابة العنصر لإجراءات التقرير الشخصي للارتباط بين الكبار. مجلة الشخصية وعلم النفس الاجتماعي، العدد 78، الصفحات (350-365).

وصف الإجراءات:

٣٦ عنصر لأسلوب الارتباط بين الكبار. تقيس استبانة العلاقات الوثيقة المنقحة الأفراد استنادا على مقياسين فرعيين للارتباط: الانطواء والقلق. بصورة عامة يجد الأفراد الانطوائيين إزعاجا في الصداقة الحميمة ويبحثون عن الاستقلالية، بينما يميل الأشخاص القلقون إلى الخوف من الرفض والإهمال.

1 أرفض بشدة 2 3 4 طبيعي/ مختلط 5 6 7 أوافق بشدة

الأسئلة	1	2	3	4	5	6	7
1 أفضل أن لأخبر شريك حياتي بشعوري الداخلي							
2 أقلق بأن يتخلّى عني شريكي							
3 أشعر بالراحة عندما أكون قريبة عاطفيا من شريكي							
4 أنا أقلق جدا حول علاقتي							
5 مجرد ما يقترب مني شريك حياتي أجد نفسي ابتعد							
6 قلقي أن لا يهتم بي شريك حياتي كما أهتم به							
7 أكون غير مرتاح لما يكون شريك حياتي قريب مني جدا							
8 أقلق بقدر ما بأن أفقد شريك حياتي							
9 لا أفضل الصراحة الزائدة مع الشريك							
10 أتمنى أن تكون مشاعر شريك حياتي قوية لي كما هي مشاعري تجاهه قوية							
1 أأرغب أن أكون قريبة من شريك حياتي، لكن دائما ما أترجع	1						
1 غالبا ما أتمنى أن تكلل علاقتي بشريك حياتي بالنجاح تماما، لكن هذا يشعره بالخوف	2						
1 أتوتر عندما يكون شريك حياتي قريب مني جدا	3						
1 أشعر بالقلق بأن أكون في يوم من الأيام وحيدة	4						

1 5	أشعر بالراحة عندما أشارك شريك حياتي أفكاري ومشاعري								
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١ أرفض بشدة ٢ ٣ ٤ طبيعي/ مختلط ٥ ٦ ٧ أوافق بشدة

1 6	رغبتني في القرب من الناس تخيفهم مني								
1 7	أحاول أن أتجنب الإقتراب من شريك حياتي								
1 8	أنا أحتاج للكثير من الضمانات لإثبات حب شريكي لي								
1 9	أجد من السهل نسبيا أن أكون قريبة من شريك حياتي								
2 0	أشعر أحيانا اني أجبر شريك حياتي على أن تكون مشاعرة أكثر رومانسية								
2 1	أجد صعوبة في أن أسمح لنفسني بالاعتماد على شريك حياتي								
2 2	غالبا أنا غير قلق بأن أكون مستبعد من المقربين								
2 3	أفضل أن لاأكون قريب جدا من شريك حياتي								
2 4	عندما لا أحصل على الاهتمام من شريك حياتي فأني أغضب								
2 5	أخبر شريك حياتي عن كل شيء								
2 6	أجد أن شريكي لا يرغب في القرب مني كما أود								
2 7	عادة أناقش مشاكلتي ومخاوفي مع شريك حياتي								
2 8	عندما لا تكون لي علاقات مع الناس أشعر بالقلق وعدم الأمان								
2 9	أشعر بالإرتياح على حسب علاقتي بشريك حياتي								

							أشعر بالغضب الشديد عندما لا يكون شريك بالقرب مني كما أود	3 0
							لا أمانع من أن أطلب من شريك حياتي المشورة أو المساعدة	3 1
							عندما أحتاج شريك حياتي ولا أجدة أشعر بالغضب الشديد	3 2
							من السهل جعل شريك حياتي يهتم بي، عندما أحتاجه	3 3
							عندما لا يرغب فيني شريك حياتي أشعر بالاستياء	3 4
							أرجع لشريك حياتي في عدة أشياء، بما في ذلك الراحة والطمأنينة	3 5
							أشعر بالإستياء إذا كان شريك حياتي بعيدا عني	3 6

استبانة الصحة العامة

أخي الفاضل ،أختي الفاضلة:

أرجو قراءة ما يلي بتمعن.

نود أن نعرف إن كنت تعاني من أي مشكلات صحية وكيف تبدو صحتك العامة خلال الأسابيع القليلة الماضية. أرجو الإجابة على جميع الأسئلة بوضع خط تحت الإجابة التي تعتقد بأنها تنطبق عليك. أرجو الملاحظة بأننا نريد أن نعرف المشكلات الصحية الحالية والأخيرة، وليس تلك التي حدثت في الماضي.

من الضروري محاولة الإجابة على جميع الأسئلة، ولاتوجد إجابة صحيحة وأخرى خاطئة.

نشكركم على حسن تعاونكم.

في الفترة الأخيرة من حياتك:

1	هل أنت قادرة(قادر) على التركيز على ما تقوم به؟	أفضل من المعتاد	كالمعتاد	أقل من المعتاد	أكثر من المعتاد
2	هل انخفضت ساعات نومك بسبب القلق؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
3	هل تشعرين(تشعر) بأنك تلعب(تلعبين) دورا مهما في بعض الأشياء؟	أكثر من المعتاد	كالمعتاد	أقل فائدة من المعتاد	أقل بكثير من المفيد
4	هل تشعرين(تشعر) بالمقدرة في اتخاذ القرارات حول بعض الأشياء؟	أكثر من المعتاد	كالمعتاد	أقل فائدة من المعتاد	أقل بكثير من المفيد
5	هل تشعرين(تشعر) باستمرار بأنك تعاني من الضغوط الحياتية ؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
6	هل تشعرين بأنك لا تستطيع(تستطيعين) تجاوز الصعوبات؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
7	هل أنت قادرة(قادر) على الاستمتاع بأنشطة حياتك اليومية؟	أكثر من المعتاد	كالمعتاد	أقل فائدة من المعتاد	أقل بكثير من المفيد
8	هل تستطيعين(تستطيع) مواجهة مشكلاتك؟	أكثر من المعتاد	كالمعتاد	أقل فائدة من المعتاد	أقل بكثير من المفيد
9	هل تشعرين بالتعب والكآبة؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
10	هل فقدت الثقة في نفسك؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
11	هل فكرت في نفسك كشخص لا قيمة له؟	على الإطلاق	ليس أكثر من المعتاد	أكثر من المعتاد إلى حد ما	أكثر بكثير من المعتاد
12	هل شعرت بالسعادة في جميع الأشياء المعترية؟	أكثر من المعتاد	كالمعتاد	أقل فائدة من المعتاد	أقل بكثير من المفيد

مقياس الإحترق الوظيفي (MBI)

أرجوا الإجابة على الأسئلة التالية بعد قراءتها بتمعن

علما أن ليس هناك إجابة صحيحة وأخرى خاطئة فقط ماتشعر به في عملك .

العبارة	أبدا	مرات قليلة بالسنة أو أقل	مرات قليلة بالشهر	مرات قليلة بالشهر أو أقل	مرة في كل أسبوع	مرات قليلة بالأسبوع	كل يوم
1 أشعر أن عملي يستنفذني انفعاليا نتيجة العمل في المؤسسة							
2 أشعر أن طاقتي مستنفذة مع نهاية اليوم العملي							
3 أشعر بالإثناك حينما استيقظ في الصباح وأعرف أن علي مواجهة عمل جديد							
4 من السهل معرفة مشاعر أبنائي الأيتام							
5 أشعر أنني أتعامل مع بعض الأبناء وكأنهم أشياء لا بشر							
6 إن التعامل مع الناس طوال يوم العمل يسبب لي الإجهاد							
7 أتعامل بفعالية عالية مع مشاكل أبنائي							
8 أشعر بالاحترق النفسي من عملي							
9 أشعر أن لي تأثيرا إيجابيا في حياة كثير من الناس من خلال عملي							
10 أصبحت أكثر قسوة مع الناس نتيجة عملي بالدار أو المؤسسة							
11 أشعر بالإزعاج والقلق لأن مهنتي تزيد من قسوة عواطفني							
12 أشعر بالحيوية والنشاط							
13 أشعر بالإحباط من ممارستي لمهنة الحاضنة أو المراقب							
14 أشعر أنني أعمل في هذه المهنة بإجهد كبير							
15 حقيقة لا أهتم بما يحدث مع طلابي من مشاكل							
16 إن العمل بشكل مباشر مع الناس يؤدي بي إلى ضغوط شديدة							
17 أستطيع بسهولة خلق جو نفسي مريح مع أبنائي							
18 أشعر بالسعادة والراحة في العمل بالقرب من أبنائي							
19 أنجزت أشياء كثيرة ذات قيمة وأهمية في ممارستي لهذه المهنة							
20 أشعر وكأنني أشرقت على النهاية نتيجة ممارستي لهذه المهنة							
21 أتعامل بكل هدوء مع المشاكل الانفعالية والعاطفية في أثناء ممارستي لهذه المهنة							
22 أشعر أن الأبناء يلومونني عن بعض مشاكلهم							

أستبيان مواطن القوة والصعوبة SDQ (4-17 سنة)
للوالدين

يرجى الاجابة على كل بند ب : غير صحيح، صحيح نوعاً ما ، او صحيح بالتأكيد بوضع علامة ☒ تحت الاجابة المناسبة . حاول ان تكون دقيقاً في اجابته. سوف يساعدنا كثيراً اذا اجبت على كل بند حتى وان كنت غير متأكد او ترى انه غير مناسب. يرجى ان تكون اجابته حول سلوك الطفل خلال السنة الأشهر الأخيرة.

اسم الطفل: ولد ☐ بنت ☐

تاريخ الميلاد:

تراجيع العيلاء :	غير صحيح	صحيح	صحيح
	صحيح	نوعا ما	بالتاكيد
يهتم بمشاعر الاخرين	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
لا يستطيع البقاء او الاستقرار في مكان واحد . كثير الحركة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما يشكو من صداد او آلام في البطن او الشعور بالغثان	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يشرك الاخرين بسهولة فيما يخصه { لعب , آتاج , ألعاب , حلوياتالح }	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما تنبأة نوبات من الغضب الشديد أ و سريع الغضب	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يحب العزلة. يميل الى اللعب لوحدة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
مطيع على وجه العموم. عادة يفعل ما يطلبه منه الكبار	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يطلق من اشياء كثيرة. كثيرا ما يبدو عليه القلق	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يساعد الاخرين اذا ما حدث لأحدهم مكروه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يتعلمل او يتلوى باستمرار.(جسمه في حركة مستمرة اثناء جلوسه)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
لديه على الأقل صديق واحد جيد	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما يتعارك مع الاخرين من نفس سنه او يستأسد عليهم	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما يكون غير سعيبر حزين او يبكي بسهولة	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
في الغالب محبوب ممن هم في سنه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يتشتت انتباهه بسرعة وقليل التركيز	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
عصبي او متشبت(متعلق) بالاخرين في المواقف الجديدة. من السهل ان يفقد ثقته بنفسه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
لطيف مع من هم أصغر منه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما يكتب , يحدخ او يعض	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يستهزأ منه او يستأسد عليه من هم في سنه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
كثيرا ما يتطلع لمساعدة الاخرين (الوالدين, المدرسين, الاطفال الاخرين)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يفكر قبل ان يتصرف	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يسرق من البيت او المدرسة او من أماكن اخرى	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ينسجم بشكل أفضل مع الكبار عنه مع الاطفال في نفس سنه	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يخاف من اشياء كثيرة . من السهل تخويله	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
يتابع اداء الواجبات حتى النهاية . لديه انتباه جيد	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

هل لديه تطبيقات إطفائية؟

من فضلك ألقِ الصفحة. هناك أسئلة قليلة أخرى على الوجه الآخر.

Back Translation for Security Skill Questionnaire

<u>Item</u>	<u>Arabic Translation</u>	<u>Back Translation</u>	<u>Reviewer's comments (1)</u>	<u>Nuha's Comments</u>
1. Some kids find it easy to trust their caregiver BUT other kids are not sure if they can trust their caregiver	يجد بعض الأطفال سهولة في الثقة بمن يقدم لهم الرعاية لا يتأكد أطفال آخرون إذا ما كان باستطاعتهم الثقة بمن يقدم لهم الرعاية أم لا.	Some children find it easier to trust those who provide them with care Other children are not sure whether or not they can trust those who offer them care	Meaning retained.	Meaning not lost.
2. Some kids feel like their caregiver butts in a lot when they are trying to do things BUT other kids are feel like their caregiver lets them do	يشعر بعض الأطفال بحبهم لمن يقدم لهم الرعاية عقب محاولتهم القيام بشيء يشعر أطفال آخرون بحبهم	Some children feel their love for those who provide care to them after they tried to do something Other children feel their love for those who provide care to them to let	small misinterpretation of Arabic script	Slightly wrong translation of the English original and so the back translation is also wrong. The verb "butt in" means to "interfere" so the Arabic translation should be something like this: يشعر بعض الأطفال أن من يقدم لهم الرعاية (أو من

things on their own.	لمن يقدم لهم الرعاية لتركهم فعل الأشياء بأنفسهم.	them do things by themselves		يرعاهم) يتدخل كثيرا عندما يريدون القيام بشئ
3. Some kids find it easy to count on their caregiver for help BUT other kids think it's hard to count on their caregiver.	يجد بعض الأطفال سهولة في الاعتماد على من يقدم لهم الرعاية لمساعدتهم يعتقد أطفال آخرون بأنه من الصعب الاعتماد على من يقدم لهم الرعاية.	Some children find it easy to rely on those who provide care to help them Other children believe that it is rather difficult to rely on those who provide care to them	Meaning not lost but attitudes portrayed by 'I believe' and 'I think' are different.	'I think' is construed as less confrontational than 'I believe' in English culture.
4. Some kids think their caregiver spends	يعتقد بعض الأطفال أن من يقدم لهم الرعاية	Some children believe that who is offering them with care	That the care giver	Meaning retained.

<p>enough time with them BUT other kids think their caregiver does not spend enough time with them.</p>	<p>يقضون معهم وقت كافي</p> <p>يعتقد أطفال آخرون بأن من يقدم لهم الرعاية لا يقضون معهم وقت كافي</p>	<p>spends enough time with them</p> <p>Other children believe that who is offering them with care does not spend enough time with them</p>		
<p>5. Some kids do not really like telling their caregiver what they are thinking or feeling BUT other kids do like telling their caregiver what they are thinking or feeling.</p>	<p>أ يرغب بعض الأطفال في إخبار من يقدم لهم الرعاية بما يعتقدون أو يشعرون</p> <p>يرغب أطفال آخرون في إخبار من يقدم لهم الرعاية بما يعتقدون أو يشعرون</p>	<p>Some children do not want to inform those who are offering them with care what they think or feel</p> <p>Other children want to tell those who are offering them with care what they think or feel</p>	<p>Same as above</p> <p>من يقدم لهم الرعاية = who are offering them with care</p> <p>مقدم الرعاية = caregiver</p>	<p>Meaning not lost.</p>
<p>6. Some kids do not really</p>	<p>أ يحتاج بعض الأطفال لمن يقدم</p>	<p>Some kids do not need their</p>	<p>‘much’and ‘a lot of’ express</p>	<p>Good</p>

<p>need their caregiver for much BUT other kids need their caregiver for a lot of things.</p>	<p>لهم الرعاية في كثير من الأشياء</p> <p>يحتاج أطفال آخرون لمن يقدم لهم الرعاية في كثير من الأشياء.</p>	<p>caregiver in a lot of things</p> <p>Other kids need their caregiver in a lot of things</p>	<p>similar quantities but are not interchangeable.</p>	
<p>7. Some kids wish they were closer to their caregiver, BUT other kids are happy with how close they are to their caregiver.</p>	<p>يتمنى بعض الأطفال أن يكونوا قريبين ممن يقدم لهم الرعاية</p> <p>يشعر أطفال آخرون بالسعادة بقربهم ممن يقدم لهم الرعاية.</p>	<p>Some kids wish they were closer to their caregiver</p> <p>Other kids are feel happy that they are close to their caregiver.</p>	<p>Meaning not lost</p>	<p>Meaning retained.</p>
<p>8. Some kids worry that their caregiver does not</p>	<p>بعض الأطفال مستاءون بأن من</p>	<p>Some kids are upset that their caregiver does not love them</p>	<p>Worry does not mean upset</p>	<p>The use of ‘upset’ instead of worry will affect the</p>

really love them BUT other kids are really sure that their caregiver loves them.	يقدم لهم الرعاية لا يحبهم أطفال آخرون متأكدون من حب يقدم لهم الرعاية.	Other kids are sure that their caregiver loves them.		participants' responses.
9. Some kids feel like their caregiver really understands them BUT other kids feel like their caregiver does not really understand them.	بعض الأطفال يشعرون تجاه من يقدم لهم الرعاية بأنه يتفهمهم يشعرون أطفال آخرون بأن من يقدم لهم الرعاية لا يتفهمهم.	Some kids feel toward their caregiver that they really understand them Other kids feel like their caregiver does not really understand them.	Meaning retained.	Meaning not lost/.
10. Some kids are really sure their caregiver would not	بعض الأطفال متأكدون بأن من	Some kids are sure their caregiver	Think does not mean feel	Even though think has been used, there is a subtle difference when

leave them BUT other kids feel like their caregiver does not really understand them.	يقدم لهم الرعاية لن يتركهم يعتقد أطفال آخرون بأن مقدم الرعاية لا يتفهمهم.	would not leave them Other kids think their caregiver does not really understand them.		participants are children.
11. Some kids worry that their caregiver might not be there when they need her BUT other kids are sure their caregiver will be there when they need her.	بعض الأطفال قلقون لعدم وجود مقدم الرعاية عند الحاجة إليه يعتقد أطفال آخرون بأن مقدم الرعاية سيكون هناك متى ما احتاجوا له.	Some kids worry because their caregiver is not there when they need them Other kids think their caregiver will be there whenever they need them	Think and being sure do not mean the same.	Think is a feeling of doubt while 'are sure' is a feeling of conviction.
12. Some kids think their caregiver does not listen to them BUT other	يعتقد بعض الأطفال أن من يقدم الرعاية لا يستمع إليهم	Some kids think that their caregiver does not listen to them	Ok	Meaning remains the same. Accurate translation to Arabic.

kids do think their caregiver listens to them.	يعتقد أطفال آخرون بأن مقدم الرعاية يستمع إليهم	Other kids think their caregiver does listens to them		
13. Some kids go to their caregiver when they are upset BUT other kids do not go to their caregiver when they are upset.	يذهب بعض الأطفال إلى مقدم الرعاية عندما يكونوا قلقين البعض الآخر لا يذهب إليه عندما يكونوا في حالة قلق.	Some kids go to their caregiver when they are worried Others do not go to them when they are in a worried state	Worried does not mean upset	A little Wrong translation of Arabic script.
14. Some kids wish their caregiver would help them more with their problems BUT other kids think their caregiver	يتمنى بعض الأطفال أن يساعدهم مقدم الرعاية أكثر في مشاكلهم يرى البعض الآخر بأن مقدم الرعاية	Some kids wish their caregiver would help them more with their problems Others see that their caregiver helps them enough.	good	Ok

helps them enough.	يساعدهم بما فيه الكفاية.			
15. Some kids feel better when their caregiver is around BUT other kids do not feel better when their caregiver is around	يشعر بعض الأطفال بأفضل عندما يكون حولهم مقدم الرعاية لا يشعر البعض الآخر بالأفضل عندما يكون حولهم مقدم الرعاية.	Some kids feel that they are better when their caregiver is around Other kids do not feel better when their caregiver is around.	Meaning retained.	Meaning not lost.

8.2 Back Translation for Coping Strategies Questionnaire

Ambivalence scale

<u>Item</u>	<u>Arabic Translation</u>	<u>Back Translation</u>	<u>Noor 'comments</u>	<u>Nuha's Comments</u>
1. One day something happens that upsets you. After talking with your caregiver about it for a while, your caregiver says that she needs to stop talking with you because she has to go do something else. Some kids would calm down after talking with their caregiver BUT Other kids would still be upset and would try to get their caregiver to talk some more with them.	حدث شيء في يوم ما أدى إلى إزعاجك. بعد تحدثك مع مقدم الرعاية عن الأمر لبعض الوقت، يقول مقدم الرعاية بأنه محتاج للتوقف عن الكلام معك لأن لديه شيء آخر. يهدأ بعض الأطفال بعد التحدث مع مقدم الرعاية يستمر البعض الآخر في القلق ويحاولون جعل مقدم الرعاية التحدث	One day something happens that upsets you. After talking with your caregiver about it for a while, your caregiver says that she needs to stop talking with you because she has something else. Some children calm down after talking to the caregiver. Other children continue to worry and try to get the caregiver to talk.	OK	Good

<p>2. Your caregiver has been busy and hasn't been able to show you much attention lately. Some kids would not be very upset that their caregiver has been busy BUT Other kids would be very upset and would try to get their caregiver to pay them more attention.</p>	<p>كان مقدم الرعاية مشغولا ولا يستطيع أن يبدى لك كثير من الاهتمام.</p> <p>لا يزعج بعض الأطفال بانشغال مقدم الرعاية عنهم</p> <p>ظل البعض الآخر قلقين ويحاولون الحصول على مزيد من الاهتمام من مقدم الرعاية</p>	<p>The caregiver was busy and cannot show you much attention.</p> <p>Some children don't get annoyed that the caregiver is busy.</p> <p>Other children are worried and try to get more care/attention from their caregiver.</p>	<p>Upset does not mean annoyed.</p>	<p>'upset' and 'annoyed' cannot be used interchangeably as they are not synonyms.</p>
<p>3. Your caregiver says she is thinking about going to visit a relative for a week or two. Some kids would be upset that she is going away for so long and would try to talk her out of going BUT Other kids wouldn't be upset</p>	<p>تقول مقدمة الرعاية بأنها تفكر في الذهاب لزيارة أحد أقربائها لمدة أسبوع أو أسبوعين.</p> <p>يستاء بعض الأطفال بأنها ستذهب عنهم بعيدا ولفترة طويلة ويحاولون التحدث عن ذهابها</p>	<p>Your caregiver says she is thinking about going to visit a relative for a week or two.</p> <p>Some children would be upset that she is going away from them for so long and try to talk about her going.</p>		<p>meaning original discourage – .lost .her from leaving</p>

and wouldn't try to talk her out of going.	أ يستاء البعض الآخر ولا يحاولون الحديث عن ذهابها.	Other children wouldn't be upset and wouldn't try to talk about her going.		
4. You are at the movies with your caregiver and you have to go out to the bathroom. When you come back in, the theatre is so dark that you can't find your caregiver. Some kids would calmly look for their caregiver and not be too worried BUT Other kids would look for their caregiver and be very upset until they found her.	كنت تشاهد مسرحية أو مشهد تمثيلي مع مقدمة الرعاية و كان عليك الذهاب للحمام. وعند عودتك كان المسرح ظلاما للدرجة التي لم تستطع إيجاد مقدمة الرعاية. يبحث بعض الأطفال بهدوء عن مقدمة الرعاية بدون قلق يبحث الآخرون عنها وهم قلقون حتى يجدوها	You were watching a film with your caregiver and had to go to the bathroom. When you got back, the theatre was so dark you couldn't find your caregiver. Some children look for the caregiver calmly and without worry. Others look for her very worried until they find her.	Change of the work movies to film .	فيلم وليست مسرحية

<p>5. Your caregiver comes home after being away for a few days. Some kids would not be upset with her for having gone away BUT Other kids would be upset with her for having gone away.</p>	<p>حضرت مقدمة الرعاية للمنزل بعد غياب لأيام قليلة.</p> <p>لم يقلق بعض الأطفال لغيابها</p> <p>كان الآخرون قلقين لغيابها.</p>	<p>The caregiver attends home after an absence of a few days.</p> <p>Some children did not worry about her absence.</p> <p>Other children were worried.</p>	<p>No change in meaning</p>	<p>The original English says, "upset with her" so the Arabic should be something like this:</p> <p>بعض الأطفال كانوا مستائين منها لغيابها أو كانوا غير مستائين من غيابها</p>
<p>6. On the way home from school a bully stops you and threatens you. This makes you upset and afraid. When you get home you talk to your caregiver about it. Some kids would stay close to their caregiver and talk about it for a long time BUT Other kids would talk to her for a</p>	<p>في طريق عودتك من المدرسة اعترضك بلطجي وقام بتهديدك. أدى ذلك إلى قلقك وشعورك بالخوف.</p> <p>عندما تصل إلى البيت، تتحدث مع مقدمة الرعاية حول هذا الأمر.</p> <p>يرغب بعض الأطفال في البقاء قريب من مقدمة الرعاية والحديث عن ذلك لمدة طويلة</p>	<p>On the way home from school a bully stops you and threatens you. This leads you to be worried and feeling scared. When you get home, you talk to the caregiver about it.</p> <p>Some children want to stay close to their caregiver and talk about it for a long time.</p>	<p>Change of expression from hypothetical –'would' to 'want to/' which expresses an element of choice.</p>	<p>Meaning not lost.</p>

short time and then get over it.	يتحدث معها أطفال آخرون لمدة قصيرة ومن ثم يتجاوزون الأمر.	Other children talk to her for a short time and then get past it.		
7. You have to go to the doctor for a check up and you are in the waiting room with your caregiver. Your caregiver wants to leave you at the doctor's office while she does some shopping. Some kids would be upset and would try to make their caregiver stay BUT Other kids wouldn't be so upset and wouldn't try to make their caregiver stay.	ذهبت للطبيب للفحص وكنت في غرفة الانتظار مع مقدمة الرعاية. تريد مقدمة الرعاية تركك في عيادة الطبيب للقيام بالتسوق. ينزعج بعض الأطفال ويحاول أن يبقى مقدمة الرعاية أ ينزعج أطفال آخرون ولا يحاولون إبقاء مقدمة الرعاية معهم.	You have to go to the doctor for a check up and you are in the waiting room with your caregiver. Your caregiver wants to leave you at the doctor's office so that she can do some shopping. Some children get annoyed and try to get the caregiver to stay. Other children don't get annoyed and don't try to get the caregiver to stay with them.	Upset is different to getting annoyed.	Upset means angry or distressed while annoyed means troubled or irritated by someone.

8. There is an after school sports team that you really want to join, but you realize that you don't know anyone on the team. You ask your caregiver to go to the try outs with you. She says she can drive you there but can't stay there with you. Some kids would go only if their caregiver could stay during the tryouts BUT Other kids would go even if she couldn't stay.	هناك الفريق الرياضي الذي ترغب في الالتحاق به بعد المدرسة ، لكنك تترك بأنك لا تعرف أى أحد في الفريق. طلبت من مقدمة الرعاية الذهاب معك إلى الاختبارات. ثم تقول لك بأنها تستطيع توصيلك إلى هناك لكنها لن تبقى معك. يستطيع بعض الأطفال الذهاب إذا كانت مقدمة الرعاية ستبقى معهم هناك يستطيع البعض الآخر الذهاب حتى وإن لم تستطع مقدمة الرعاية البقاء معهم	There is a sports team that you want to join after school, but you realize that you don't know anyone on the team. You ask your caregiver to go with you to the tests. She tells you that she can drive you there but wont stay with you. Some children can go if the caregiver stays with them. Other children can go even of the caregiver can not stay with them.		
9. You and your caregiver are at a busy shopping mall, and	كنت أنت ومقدمة الرعاية في مركز تسوق مزدحم، وفجأة لم تعثر على	You and your caregiver are at a busy shopping mall, and	Meaning not lost.	Meaning not lost.

<p>suddenly you can't find your caregiver. You are upset, but a little later you find each other. Some kids would soon get over being upset BUT Other kids would stay worried that they might get separated again.</p>	<p>مقدمة الرعاية. وكنت قلق، لكن بعد برهة من الزمن تقابلتما.</p> <p>يتغلب بعض الأطفال على القلق يظل الآخرون قلقين من الافتراق مرة أخرى.</p>	<p>suddenly you can't find your caregiver. You are worried, but after a while you meet.</p> <p>Some children would soon get over being worried.</p> <p>Other children stay worried about separating again.</p>		
<p>10. One day at school the teacher misunderstands something you did and scolds you for it. You become upset. When you get home, you try to talk to your caregiver about it, but she is busy and says she'll talk with you about it later.</p>	<p>في أحد الأيام الدراسية، أساء المعلم فهمك في شي قمت به وقامت بتأنيبك. أصبحت مستاءة. عندما رجعت إلى المنزل، حاولت التحدث مع مقدمة الرعاية حول الأمر، لكنها كانت مشغولة وقالت بأنها سوف تتحدث معك لاحقاً</p>	<p>One day at school the teacher misunderstands something you did and reprimands you. You become upset. When you got home, you try to talk to your caregiver about it, but she is busy and says she'll talk with you later.</p>	<p>Meaning not lost.</p>	<p>Meaning is synonymous.</p>

Some kids would try to get her to talk about it right away BUT Other kids would wait until their caregiver was ready to talk about it	يحاول بعض الأطفال التحدث معها حول الأمر ينتظر البعض الآخر حتى تصبح مقدمة الرعاية مستعدة للحديث	Some children try to get her to talk about it. Others would wait until their caregiver was ready to talk about it		
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Avoidance scale

<u><i>Item</i></u>	<u><i>Arabic Translation</i></u>	<u><i>Back Translation</i></u>	<u><i>Noor Changes etc</i></u>	<u><i>Nuha's Comments</i></u>
1. Your caregiver has been away for a few days but is coming home later in the day. Some kids wouldn't care that she is coming home BUT Other kids would look	كانت مقدمة الرعاية غائبة لأيام قليلة، لكنها ستعود للمنزل بعد يوم. لا يهتم بعض الأطفال بعودتها للمنزل بينما يتطلع الآخرون لرؤيتها	Our caregiver has been away for a few days but will be back home in a day. Some children don't care that	Small change	كانت مقدمة الرعاية غائبة لأيام قليلة، لكنها ستعود للمنزل بعد يوم. لا يهتم بعض الأطفال بعودتها للمنزل بينما يتطلع الآخرون لرؤيته

forward to seeing her.		she is coming home Other children look forward to seeing her,		
2. One of your teachers says something mean to you at school one day. Some kids would let their caregiver know they were upset and would talk to her about it BUT Other kids wouldn't let their caregiver know they were upset and would not talk to her about it.	قال أحد المدرسين شيئاً في المدرسة يقصدك به أنت. تاح بعض الأطفال لمقدمة الرعاية أن تعرف بأنهم كانوا مستاءين ويرغبون في الحديث معها حول هذا الأمر البعض الآخر لا يرغب في إبداء استيائهم ولا التحدث معها حول هذا الموضوع.	One of the teachers said something at school targeting you. Some children would let their caregiver know that they are upset and want to talk to her about it. Others don't want to show their upset/sadness and don't want to talk to her about the subject.	OK	قال أحد المدرسين شيئاً في المدرسة يقصدك به أنت. تاح بعض الأطفال لمقدمة الرعاية أن تعرف بأنهم كانوا مستاءين ويرغبون في الحديث معها حول هذا الأمر البعض الآخر لا يرغب في إبداء استيائهم ولا التحدث معها حول هذا الموضوع.

<p>3. Your caregiver takes you to the doctor's office for a check-up. While you are sitting in the waiting room, she says she is going to run an errand and will be back to pick you up later. Some kids would be glad that their caregiver left them alone to wait BUT Other kids would prefer that their caregiver wait with them.</p>	<p>أخذتك مقدمة الرعاية إلى عيادة الطبيب للفحص. بينما كنت في غرفة الانتظار، قالت بأنها ستذهب في مهمة وستعود لتعيدك إلى المنزل</p> <p>يشعر بعض الأطفال بالسعادة بأن مقدمة الرعاية تركتهم لوحدهم</p> <p>يفضل البعض الآخر أن تنتظر معهم مقدمة الرعاية</p>	<p>Your caregiver takes you to the doctor's office for a check-up. Whilst you are in the waiting room, she said she would go on an errand and would return to take you home.</p> <p>Some children feel happy that the caregiver has left them alone.</p> <p>Others would prefer the caregiver to wait with them.</p>	<p><i>Change of tense.</i></p>	<p><i>A little bit Incorrect Arabic translation.</i></p>
<p>4. Let's say that you have a favorite pet, a cat or a dog, that suddenly gets very sick.</p>	<p>دعنا نقول بأنك تمتلك حيوان أليف، قط أو عصفور مثلاً، وأصيب فجأة</p>	<p>Let us say that you own a pet such as a cat or a bird, which got sick</p>	<p>No use of the word favourite in Arabic. No change</p>	<p>Meaning ok.</p>

<p>You are sad about it. Some kids would let their caregiver know they were feeling sad BUT Other kids would not let their caregiver know they were feeling sad.</p>	<p>بمرض. ستكون حزين عليه.</p> <p>بيدي بعض الأطفال لمقدمة الرعاية لا يظهر البعض الآخر شعوره بالحزن</p>	<p>suddenly. You will be sad about it.</p> <p>Some children show their sadness to their caregiver.</p> <p>Others don't show their sad feeling.</p>	<p>in meaning.</p>	
<p>5. You and your caregiver are visiting a new shopping center to see what it is like. Your caregiver suggests that the two of you explore the center together.</p> <p>Some kids would only want to explore it on their own BUT Other kids wouldn't</p>	<p>قمت أنت ومقدمة الرعاية بزيارة لمركز تسوق. اقترحت مقدمة الرعاية بأن تقوموا كلاكما باستطلاع المركز.</p> <p>يرغب بعض الأطفال في استطلاع المركز لوحدهم</p> <p>يرغب البعض الآخر في الاستطلاع مع مقدمة الرعاية</p>	<p>You and your caregiver went for a visit. The caregiver suggested a shopping centre so that you can both explore the centre.</p> <p>Some children want to explore the centre themselves.</p>	<p>ok</p>	

mind exploring it with their caregiver.		Others want to explore with their caregiver.		
<p>6. You and your caregiver go to the movies together. When you go into the theater, you see that it is crowded and you can't find two seats together. Some kids would be sorry they can't sit with their caregiver BUT Other kids would rather sit away from her anyway.</p>	<p>ذهبت أنت ومقدمة الرعاية لمشاهدة فيلم. عندما دخلت المسرح، لاحظت بأنه مزدحم ولم تستطع إيجاد كراسي لكما.</p> <p>يشعر بعض الأطفال بالأسف لعدم تمكنهم من الجلوس مع مقدمة الرعاية</p> <p>يرغب البعض الآخر أن يجلس بعيدا عما عن مقدمة الرعاية</p>	<p>You go with your caregiver to watch a film/movie. When you enter the theatre, you notice that it is crowded and she can't find seats for the two of you.</p> <p>Some children will feel sorry that they can not sit with their caregiver</p> <p>Other children want to seat away from the caregiver.</p>	<p><i>The English version suggests team effort.</i></p>	<p>‘notice’ and ‘see that’ are synonyms-meaning not lost.</p>

<p>7. One day you and your caregiver go to the zoo. Your caregiver says that because she has not seen you much lately, she would like the two of you to look at the animals together. Some kids would rather look at the animals alone and meet up with their caregiver later BUT Other kids would be willing to look at the animals with their caregiver.</p>	<p>في أحد الأيام ذهبت أنت ومقدمة الرعاية إلى حديقة الحيوان. قالت مقدمة الرعاية ونسبة لعدم رؤيتها لك كثير أ في الآونة الأخيرة، فإنها ترغب في أن تقوم مع بعض بمشاهدة الحيوانات.</p> <p>يرغب بعض الأطفال في مشاهدة الحيوانات لوحدهم والالتقاء مع مقدمة الرعاية لاحقاً</p> <p>يرغب البعض الآخر في مشاهدة الحيوانات مع مقدمة الرعاية.</p>	<p>One day you went to the zoo with your caregiver. Your caregiver said that in relation to her not seeing you much in the last while, that she would like to watch the animals together.</p> <p>Some kids would want to look at the animals alone and meet with their caregiver later.</p> <p>Other kids want to look at the</p>	<p>No change in meaning.</p> <p>Want doesn't always mean be willing</p>	<p>قالت أنها لم تتمكن من قضاء الكثير من الوقت معك في الفترة الأخيرة ولهذا ترغب في أن تقوم بمشاهدة الحيوانات معا</p>
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		animals with their caregiver		
<p>8. One day you have a problem with a friend at school. When you get home, your caregiver can tell that you are upset and starts talking to you about it. Some kids would feel comfortable talking to their caregiver about their feelings and problems BUT Other kids would just want their caregiver to leave them alone.</p>	<p>في أحد الأيام كانت لديك مشكلة مع صديق في المدرسة. عند وصولك المنزل، قالت لك مقدمة الرعاية بأنك مستاء وبدأت تتحدث لك عن ذلك.</p> <p>يشعر بعض الأطفال بالارتياح عند التحدث مع مقدمة الرعاية عن مشاعرهم ومشكلاتهم</p> <p>يرغب البعض الآخر في البقاء لوحده</p>	<p>One day you have a problem with a friend at school. When you get home, your caregiver tells you that you are upset and starts talking to you about it.</p> <p>Some kids feel comfortable talking to their caregiver about their feelings and problems Other kids just want to stay alone.</p>	<p>Arabic translation is incorrect - change in meaning</p> <p>Stay alone does not mean stay alone</p>	<p>The original implies there is no communication while backtranslated suggests otherwise.</p>

9. Your caregiver comes home after being away for a week or two. Some kids would stop what they are doing and run to greet her with a hug or a kiss BUT Other kids wouldn't stop what they are doing to greet her.	جاءت مقدمة الرعاية للمنزل بعد غياب دام لأسبوع يتوقف بعض الأطفال عما يقومون به ويتجهون للترحيب بها بالعناق والقبلات لا يتوقف البعض الآخر عما يقومون به لأجل الترحيب بها.	The caregiver comes home after being away for a week. Some kids stop what they are doing and run to welcome her with a hug or a kiss Other kids don't stop what they are doing to welcome her.	ok	Meaning not lost.
10. One day you come home from school upset about something. Your caregiver asks you what the problem is. Some kids wouldn't want to talk to her about it BUT Other kids	عدت من المدرسة في أحد الأيام مستاءاً من شيء ما. سألتك مقدمة الرعاية عن المشكلة. لا يرغب بعض الأطفال في التحدث معها حول هذا الأمر	You come home from school one day and are upset about something. Your caregiver asks you about the problem. Some kids wouldn't want to talk to her about it	Change of tense but ok	From hypothetical to certain. Leave as it is

would want to talk her about it.	يرغب البعض الآخر في التحدث معها عن المشكلة.	Others want to talk to her about the problem		
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8.3 Back Translation for Experiences in Close Relationships Questionnaire

<u>English Item</u>	<u>Arabic Translation</u>	<u>Back Translation</u>	<u>Noor</u>	
I prefer not to show a partner how I feel deep down	أنا أفضل عدم إظهار لشريك حياتي كيف أشعر في أعماقي	I prefer not to show my life partner how I feel deep down	Meaning is the same.	-

I worry about being abandoned	أنا أقلق بأن يجري التخلي عني	I worry about me being abandoned	Indicating self – no change in meaning	Meaning retained
I am very comfortable being close to romantic partners	أنا مرتاح جداً بكوني قريب لشريك حياتي	I am very comfortable being close to my life partner	“Life partner” is the translation used for “romantic partner”. Same meaning. This is repeated throughout the questionnaire	Meaning is the same. Life partner” is the translation used for “romantic partner”. Same meaning. This is repeated throughout the questionnaire
I worry a lot about my relationships	أنا أقلق كثيراً علي علاقاتي	I worry a lot about my relationships		-
Just when my partner starts to get close to me I find myself pulling away	عندما يبدأ شريك حياتي الاقتراب عاطفياً لي أجد أنني أبتعد	When my life partner gets close to me emotionally, I find I pull away.	Translation of “get close” has been given a small explanation of being	

			"emotionally close" – no change in meaning	
I worry that romantic partners won't care about me as much as I care about them	أخشى أن شريك حياتي لن يهتم لي بقدر ما أهتم بهم	I am scared that my life partners won't care about me as much as I care about them		Meaning is the same
I get uncomfortable when a romantic partner wants to be very close	أشعر بعدم الارتياح عندما شريك حياتي يريد أن يقترب جدا	I get uncomfortable when my life partner wants to get very close	Change in verbs – "wants to get very close" rather than "be very close"	Change in verbs but meaning is not lost
I worry a fair amount about losing my partner	أنا أقلق عن فقدان شريكي	I worry about losing my partner	Main meaning not lost	"Fair amount" not translated .. but meaning is the same.
I don't feel comfortable opening up to romantic partners	أنا لا أشعر بالراحة بالافتتاح الى شريك حياتي	I don't feel comfortable opening up to my life partner		-

I often wish that my partner's feelings for me were as strong as my feelings for him/her	كثيرا ما أتمنى أن مشاعر شريك حياتي لي قوية كما مشاعري له / لها	I often wish that my life partner's feelings for me are as strong as my feelings for him/her	Change in tense	Meaning retained
I want to get close to my partner, but I keep pulling back	أريد الاقتراب لشريك حياتي ، ولكنني أظل انسحب	I want to get close to my partner, but I keep withdrawing	Slight change in meaning	
I often want to merge completely with romantic partners, and this sometimes scares them away	أنا في كثير من الأحيان أريد الدمج بشكل تام مع شريك حياتي، وهذا يخيفهم بعض الأحيان	I often want to merge completely with my life partner, and this sometimes scares them	Life partners used instead of romantic partners. No change in meaning.	-
I am nervous when partners get too close to me	أصبح متوترة عندما يقترب شريك حياتي عاطفيا لي	I become nervous when life partners gets emotionally close to me.	"too close" has been given the explanation "emotionally	Meaning retained

			close” in Arabic	
I worry about being alone	أنا أقلق حول أن أترك وحدي	I worry about being left alone.	“Being alone” does not mean “being left alone” slight change in meaning.	slight change in meaning
I feel comfortable sharing my private thoughts and feelings with my partner	أشعر بالراحة بمشاركة أفكاري الخاصة و المشاعر مع شريك حياتي	I feel comfortable sharing my private thoughts and feelings with my life partner.		
My desire to be very close sometimes scares people away	رغبتي في أن أكون قريبة عاطفيا جدا يخيف الناس و يبعدهم في بعض الأحيان	My desire to be very emotionally close scares people and keeps them away sometimes.	“close” has been given a small explanation and translated as “very emotionally close” “scares people away” way has been translated	Meaning retained – the people don’t go near

			into “keeps them away”. Meaning is the same and no change	
I try to avoid getting too close to my partner	أنا أحاول تجنب الاقتراب من شريك حياتي	I try to avoid getting close to my life partner	“too close” = close. Meaning retained.	
I need a lot of reassurance that I am loved by my partner	أنا أحتاج الكثير من الطمأنينة بأنني محبوبه من قبل شريك حياتي	I need a lot of reassurance that I am loved by my life partner		-
I find it relatively easy to get close to my partner	أجد أنه من السهل الاقتراب لشريك حياتي	I find it easy to get close to my life partner	Literal translation	
Sometimes I feel that I force my partners to show more feeling, more commitment	أحيانا أشعر أنني أجبر شريك حياتي الى ابداء المزيد من الشعور عاطفيا ، و المزيد من الالتزام	Sometimes I feel that I force my life partners to show more emotional feeling, more commitment	“feeling” has been referred to as “emotional feeling” and has been given an explanation.	No major change in meaning – it has been given a small explanation

I find it difficult to allow myself to depend on romantic partners	أجد صعوبة في السماح لنفسي أن اعتمد على لشريك حياتي	I find difficulty in allowing myself to depend on my life partner	Meaning is not lost	-
I do not often worry about being abandoned	أنا لا أقلق بأن يتخلي عني	I don't worry about being abandoned	"not often" has been disregarded in the Arabic translation.	Meaning retained
I prefer not to be too close to romantic partners	أنا أفضل أن لا كون قريب عاطفيا جدا من شريك حياتي	I prefer not to be too emotionally close to romantic partners	"too close" has been given a small explanation and referred to as being "emotionally close"	Small explanation – but meaning is retained.
If I can't get my partner to show interest in me, I get upset or angry	إذا لا يبدي شريك حياتي اهتماما بي ، أصبح منزعجة أو غاضبة	If my life partner doesn't show attention to me, I get upset or angry	No change in meaning with the use of "attention" rather than interest. They have the same end meaning	Slight change in the synonyms used

I tell my partner just about everything	أخبر شريك حياتي عن كل شيء تقريبا	I tell my life partner about almost everything	“just about” has been translated to “almost”. Both of the words mean “nearly everything”	Different synonyms used but no change in meaning.
I find that my partner(s) don't want to get as close as I would like	أجد أن شريك حياتي لا يرغب في الاقتراب مثل ما أود	I find that my life partner doesn't want to get as close as I would like		-
I usually discuss my problems and concerns with my partner	أنا عادة أناقش مشاكلي ومخاوفي مع شريك حياتي	I usually discuss my problems and concerns with my life partner	No change	-
When I'm not involved in a relationship, I feel somewhat anxious and insecure	عندما لا أكون على علاقة ، أشعر بالقلق إلى حد ما و عدم ألامان	When I'm not in a relationship, I feel worried to some extent and not safe.	The word “involved” has not been translated. Somewhat has the same meaning as “to an extent” – both to a	No major change in meaning. Meaning is retained.

			moderate level.	
I feel comfortable depending on romantic partners	أشعر بالراحة عندما اعتمد على شريك حياتي	I feel comfortable when I depend on my life partners	Depending – refers to all the time. Meaning is not lost	Meaning retained
I get frustrated when my partner is not around as much as I would like	أنا أشعر بالإحباط عندما لا يكون شريكي حولي بقدر ما أود	I get frustrated when my life partner is not around me as much as I would like.	“around me” rather than “around”. No change in meaning	Meaning retained
I don't mind asking romantic partners for comfort, advice, or help	لا أمانع أن أسأل شريك حياتي للراحة، والنصيحة، أو مساعدة	I don't mind asking my life partner for comfort, advice, or help		
I get frustrated if romantic partners are not available when I need them	أنا أشعر بالإحباط إذا لم يكون شريك حياتي متوفر عندما أكون في حاجة إليه	I get frustrated when my life partner is not available when I need them	Literal translation	Meaning is retained

It helps to turn to my romantic partner in times of need	يساعدني ألا تجاه لشريك حياتي في أوقات الحاجة	It helps me to turn to my life partner in times of need.		
When romantic partners disapprove of me, I feel really bad about myself	عندما لا يوافق شريك حياتي سلوكي أنا أشعر بطريقة سيئة عن نفسي	When my life partner does not agree with my behavior, I feel bad about myself	The word “really” has not been translated into Arabic. No major change in meaning.	“really” has not been translated. Disapproves does not always mean “do not agree with” slight change in meaning.
I turn to my partner for many things, including comfort and reassurance	أتجه إلى شريك حياتي ل أشياء كثيرة ، بما في ذلك الراحة والطمأنينة	I turn to my life partner for many things including comfort and tranquility.	No change. Meaning is the same	
I resent it when my partner spends time away from me	أنا اغتاض عندما يقضى شريك حياتي وقت بعيدا عني	I resent it when my life partner spends time away from me		Meaning is the same

Appendix 4.1: Pictures for Orphanages in K.S.A



















